MAXIMUS Federal Services

Case Number:	CM15-0112423		
Date Assigned:	06/18/2015	Date of Injury:	05/24/2014
Decision Date:	08/18/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old male who sustained an industrial injury on 05/24/2014. Current diagnoses include right knee chondromalacia, right knee cruciate ligament sprain/strain, right knee lateral meniscus tear, right knee medial meniscus tear, and right knee sprain/strain. Previous treatments included medication management. Previous diagnostic studies include a right knee x-ray and urine drug screening. Initial injuries included pain in the right knee with swelling, and the feeling of instability. Report dated 04/20/2015 noted that the injured worker presented with complaints that included constant moderate achy right knee pain. Pain level was not included. Physical examination was positive for decreased range of motion, tenderness of the anterior knee, lateral knee, medial knee and posterior knee, muscle spasm of the anterior knee and posterior knee, anterior drawer is positive, and McMurray's is positive. The treatment plan included pending functional capacity evaluation and consultation with a knee replacement specialist, prescribed Norco, follow up with ortho surgeon in 4 weeks, request for extracorporeal shockwave therapy and trigger points impedance imaging, and Localized Intense Neurostimulation Therapy (LINT). Disputed treatments include functional capacity evaluation, extracorporeal shockwave therapy, trigger points impedance imaging, and Localized Intense Neurostimulation Therapy (LINT).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty section, Functional capacity evaluation (FCE).

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the pre-placement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. There is no record found in the documents provided by the treating physicians of the worker qualifying for or requiring an FCE. In the notes provided, no record was found stating how the worker had been functioning at his workplace with the work restrictions, and what specific tasks or duties were needed for evaluation as part of the FCE. Considering these factors in the case of this worker, and without enough evidence to support the need for this evaluation, and that the research on the utility of the FCE is so far not good, the FCE is not medically necessary.

Extracorporeal Shockwave Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The MTUS is silent regarding shock wave therapy for knee complaints and injuries. However, the ODG states that shock wave therapy for patellar tendinopathy and long-bone hypertrophic non-unions is currently under study. Recent research suggests that shock wave therapy for the nonunion appears to be promising, but verification is needed and standard parameters (energy level, application frequency, etc.) have yet to be decided. However, new research suggests that shock wave therapy is ineffective for treating patellar tendinopathy compared to physical therapy combined with patellar taping. In the case of this worker, he had not been diagnosed with either patellar tendinopathy or long-bone hypertrophic nonunion to warrant even consideration for shock wave therapy, and even in the setting of tendinpathy, there is insufficient supportive studies to justify use of this modality in this situation. Therefore, the request for extracorporeal shockwave therapy will be considered medically unnecessary at this time.

Trigger Points Impedance Imaging: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back section, Trigger points impedance imaging.

Decision rationale: The MTUS Guidelines do not address trigger point impedance imaging used for low back pain or any other body part. The ODG, however, specifically states that it is not recommended. There is not enough currently available quality research regarding this imaging technique to suggest it is anything but experimental at this time. In the case of this worker, the impedance imaging was intended to be used with localized intense neurostimulation therapy (LINT). However, neither are recommended by the current Guidelines, particularly for use in chronic knee pain for which there is no quality study known to the reviewer to support its use. Therefore, the request for trigger points impedance imaging will be considered medically unnecessary.

Localized Intense Neurostimulation Therapy, LINT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back section, Hyperstimulation analgesia.

Decision rationale: The MTUS does not refer to hyperstimulation analgesia for the lower back pain or any other body injury. Although there was a recent pilot study for localized intense neurostimulation therapy (LINT) found to be successful at treating low back pain, the ODG states that this form of pain treatment is not recommended until higher quality, unbiased studies are available. Other factors to consider are that the treatments are time-consuming and cumbersome and require previous knowledge of the localization of peripheral nerve endings for the pain except for when using trigger point impedance imaging, which at this time is still not recommended the ODG. In the case of this worker, the worker complained of chronic knee pain. There was no found supportive studies to justify using LINT on the knee. Therefore, the request for LINT will be considered medically unnecessary.