MAXIMUS Federal Services

Case Number:	CM15-0120734		
Date Assigned:	07/01/2015	Date of Injury:	02/12/1999
Decision Date:	08/26/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on February 12, 1999, incurring knee and back injuries after a fall. He was diagnosed with lumbar disc degeneration disease, lumbar sprain, facet arthropathy, internal knee derangement and patellar tendinitis of the right knee. Treatment included pain medications, steroid injections, transcutaneous electrical stimulation unit, anti-inflammatory drugs, muscle relaxants, pain medications and work restrictions. A right knee Magnetic Resonance Imaging performed in May 2013, revealed a medial meniscus tear and patellar tendinosis. A right knee arthroscopy was performed. Currently, the injured worker complained of persistent back pain and spasms with right knee pain. He complained of searing pain, locking, popping, weakness, stiffness and grinding sensations of the right knee. The injured worker complained of difficulty ascending and descending stairs. He noted limited range of motion with flexion, bending, kneeling, walking and standing. The treatment plan that was requested for authorization included a magnetic resonance Arthrogram of the right knee, transcutaneous electrical stimulation unit supplies, and laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (magnetic resonance) arthrogram of the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): MR arthrography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Knee & Leg' Chapter under 'MRI's (Magnetic Resonance Imaging).

Decision rationale: The 57 year old patient complains of pain in right knee, rated at 3/10, right shoulder blade, rated at 1-9/10, and lower back, rated 7/10, as per progress report dated 05/28/15. The request is for MR (MAGNETIC RESONANCE) ARTHROGRAM OF THE RIGHT KNEE. The RFA for this case is dated 05/28/15, and the patient's date of injury 02/12/99. The patient is status post left pinky surgery in 1972 and status post right knee surgery in 2013, as per progress report dated 05/28/15, and has been diagnosed with myloligamnetous right scapular pain, chronic low back pain, right knee internal derangement, right knee chondromalacia patella clinically, right knee laxity clinically, and lumbar spine sprain/strain. Medications included Benazepril, Diclofenac, and HCTZ. The patient is working without restrictions, as per the same progress report. ACOEM Guidelines states "special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture. ODG guidelines may be more appropriate at addressing chronic knee condition. ODG guidelines, chapter 'Knee & Leg' and title 'MRI's (Magnetic Resonance Imaging), state Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended." The guidelines also state that "In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard." ODG states that an MRI is reasonable if internal derangement is suspected. Regarding MR arthrography, ODG guidelines "Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%." In this case, the patient suffers from right knee pain, rated at 3/10, and is status post right knee arthroscopy in 2013, as per progress report dated 05/28/15. Physical examination revealed lateral patellar facet and lateral joint space tenderness along with positive patella grind test, patellar compression test, Mc Murray's sign, and anterior drawer test. An MRI of the right knee, dated 05/10/13, showed medial meniscus tear, patellar tendinosis, and joint effusion. A review of the available reports indicates that the patient has not undergone an MRI after the surgical intervention and she continues to have right knee pain. The treater is, therefore, requesting for an MR arthrogram now due to the patient's current symptomolgy and based on the clinical exam. ODG guidelines support the use of MR arthrography in post-operative cases to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. Hence, the request is medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit supplies: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: The 57 year old patient complains of pain in right knee, rated at 3/10, right shoulder blade, rated at 1-9/10, and lower back pain, rated 7/10, as per progress report dated 05/28/15. The request is for TRANCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT SUPPLIES. The RFA for this case is dated 05/28/15, and the patient's date of injury 02/12/99. The patient is status post left pinky surgery in 1972 and status post right knee surgery in 2013, as per progress report dated 05/28/15, and has been diagnosed with myloligamnetous right scapular pain, chronic low back pain, right knee internal derangement, right knee chondromalacia patella clinically, right knee laxity clinically, and lumbar spine sprain/strain. Medications included Benazepril, Diclofenac, and HCTZ. The patient is working without restrictions, as per the same progress report. For TENS unit, MTUS guidelines, on page 116, require: (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that there is evidence that other appropriate pain modalities have been tried (including medication) and failed. Also, the recommended trial period is for only 30 days. In this case, the patient has used TENS unit in the past. As per progress report dated 05/28/15, the patient received the TENS unit under the care of [redacted] and it has helped his lower back. In progress report dated 02/02/15, [redacted] recommends using the TENS unit four times a day. The Utilization Review has modified the treater's request for one replacement battery and four electrodes to one battery and two electrodes. It appears that the patient already has the unit and only needs the supplies. Given the impact of this treatment modality on pain, the request for supplies appears reasonable and is medically necessary.

Labs: C-reactive protein (CRP): Overturned

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 MedlinePlus, www.nlm.nih.gov/medlineplus/ency/article/003356.htm.

Decision rationale: The 57 year old patient complains of pain in right knee, rated at 3/10, right shoulder blade, rated at 1-9/10, and lower back pain, rated 7/10, as per progress report dated 05/28/15. The request is for LAB: C-REACTIVE PROTEIN (CRP). The RFA for this case is

dated 05/28/15, and the patient's date of injury 02/12/99. the patient is status post left pinky surgery in 1972 and status post right knee surgery in 2013, as per progress report dated 05/28/15, and has been diagnosed with myloligamnetous right scapular pain, chronic low back pain, right knee internal derangement, right knee chondromalacia patella clinically, right knee laxity clinically, and lumbar spine sprain/strain. Medications included Benazepril, Diclofenac, and HCTZ. The patient is working without restrictions, as per the same progress report. The MTUS, ODG and ACOEM guidelines are silent on these diagnostic tests. However, MedlinePlus, a service of the U.S. National Library of Medicine, at http://www.nlm.nih.gov/ medlineplus/ency/article/003356.htm, states that "C-reactive protein is produced by the liver. The level of CRP rises when there is inflammation throughout the body." It also says, "the CRP test is a general test to check for inflammation in the body. It is not a specific test. That means it can reveal that you have inflammation somewhere in your body, but it cannot pinpoint the exact location." It can be used to check for inflammatory diseases such as rheumatoid arthritis, lupus or vasculitis, or to determine the impact of an anti-inflammatory medication. However, a low CRP level does not always mean that there is no inflammation present. Levels of CRP may not be increased in people with rheumatoid arthritis and lupus. The reason for this is unknown. In this case, patient suffers from pain in low back, shoulder and right knee. Arthroscopic surgery of the right knee has not helped reduce pain, although the patient is working full time. Further evaluation of the patient's condition is important. CRP may help rule out inflammation and assist with treatment. Hence, the request is medically necessary.

Labs: Arthritis panel: Overturned

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 Lab Tests Online: www.labtestsonline.org/understanding/conditions/rheumatoid/start/1/.

Decision rationale: The 57 year old patient complains of pain in right knee, rated at 3/10, right shoulder blade, rated at 1-9/10, and lower back pain, rated 7/10, as per progress report dated 05/28/15. The request is for LABS: ARTHRITIS PANEL. The RFA for this case is dated 05/28/15, and the patient's date of injury 02/12/99. the patient is status post left pinky surgery in 1972 and status post right knee surgery in 2013, as per progress report dated 05/28/15, and has been diagnosed with myloligamnetous right scapular pain, chronic low back pain, right knee internal derangement, right knee chondromalacia patella clinically, right knee laxity clinically, and lumbar spine sprain/strain. Medications included Benazepril, Diclofenac, and HCTZ. The patient is working without restrictions, as per the same progress report.Arthritis panel. As per Lab Tests Online at http://labtestsonline.org/understanding/conditions/rheumatoid/start/1/, includes Rheumatoid factor (RF), Cyclic citrullinated peptide (CCP) antibody, Antinuclear antibody (ANA), Erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), Complete blood count (CBC), and Comprehensive metabolicpanel (CMP). In this case, none of the progress reports discuss the request. The patient does suffer from right knee pain in spite of undergoing a surgery in 2013, as per progress report dated 05/28/15. The lab tests will help the physician rule out the possibility of arthritis. Hence, the request is medically necessary.