MAXIMUS Federal Services

Case Number:	CM15-0121555		
Date Assigned:	07/02/2015	Date of Injury:	07/10/2006
Decision Date:	09/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/23/2015

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 York
Certification(s)/Specialty: Emergency Medicine

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 57-year-old female, with a reported date of injury of 07/10/2006. The mechanism of injury included tripping over a medical cart. The injured worker's symptoms at the time of the injury included contusion injuries to the left leg, hip, knee, lower extremities, both wrists, hands, and low back. The diagnoses include left knee internal derangement with crepitus; anxiety and depression; and bilateral hand/wrist tenosynovitis. Treatments and evaluation to date have included oral medications, a TENS (transcutaneous electrical nerve stimulation) unit, and extracorporeal shockwave procedure. The diagnostic studies to date have included urine drug screenings; an MRI of the left knee which was negative; and electrodiagnostic studies of the upper extremities with negative findings. The progress report dated 05/08/2015 indicates that the injured worker had ongoing pain in the right wrist and left knee that was primarily aggravated with physical activity. She complained of stabbing pain with pins and needles sensation in her knee, which was rated 8-9 out of 10. She also complained of stabbing pain with pins and needles in her wrists, which she rated 9-10 out of 10. She was currently taking Vicodin and Tylenol with codeine which she stated were helping. An examination of the bilateral hands/wrists showed a positive Tinel's sign, present Phalen's sign, diffuse forearm tenderness without swelling, mild decrease in pin appreciation in the median distribution, no wrist instability, and normal bilateral wrist range of motion. An examination of the bilateral knees showed abnormal bilateral patellar tracking, positive patellar grind maneuver, hamstring tenderness was absent, tenderness to palpation in the medial aspect, no swelling, negative McMurray's test, normal bilateral range of motion, and slight weakness on extension secondary to mild pain. The injured worker remained

permanent and stationary. During the office visit on 01/23/2015, the injured worker rated her left knee pain 8-10 out of 10, and her right wrist pain 5-6 out of 10. The treating physician requested eight physical therapy visits for the left knee, eight physical therapy visits for the right wrist, Zofran ODT 8mg #20 with two refills for nausea, Vicodin 10/300mg #30 for severe pain, Prilosec 20mg #60 with three refills for stomach upset, an MRI of the right wrist, and an MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend passive and active therapy. Passive therapy can provide short-term relief during the early phases of pain treatment; control symptoms of pain, inflammation, and swelling; and help improve the rate of healing soft tissue injuries. Active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can relieve discomfort. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis, 9-10 visits over 8 weeks are recommended; for neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended; and for reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks are recommended. There was no evidence of or diagnosis of myalgia/myositis, neuralgia/neuritis/radiculitis, or reflex sympathetic dystrophy related to the injured worker's left knee. The range of motion of the left knee during the physical examination was normal; there was no swelling or signs of inflammation; and there was slight weakness on extension due to mild pain. The treating physician requested physical therapy two times a week for four weeks. Guidelines support a trial of 6 visits over 2 weeks with evidence of functional improvements. The request for 8 visits exceeds these recommendations. Therefore, the request for eight physical therapy sessions for the left knee is not medically necessary.

8 physical therapy visits for the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend passive and active therapy. Passive therapy can provide short-term relief during the early phases of pain treatment; control symptoms of pain, inflammation, and swelling; and help improve the rate of healing soft tissue injuries. Active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can relieve discomfort. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-

directed home Physical Medicine. The injured worker's right wrist showed a positive Tinel's sign and Phalen's sign, and she had signs of neuralgia (nerve pain). For myalgia and myositis, 9-10 visits over 8 weeks are recommended; for neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended; and for reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks are recommended. The treating physician requested physical therapy two times a week for four weeks. Guidelines support a trial of 6 visits over 2 weeks with evidence of functional improvements The request exceeds this recommendation. Therefore, the request for eight physical therapy sessions for the right wrist is medically necessary.

1 prescription for Zofran ODT 8mg #20 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Ondansetron (Zofran); Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ondansetron (Zofran) and Antiemetics (for opioid nausea).

Decision rationale: The CA MTUS is silent on Zofran. The Official Disability Guidelines indicate that Zofran is not recommended for nausea and vomiting due to chronic opioid use. The injured worker had been taking an opioid since at least 2008. The guidelines indicate that antiemetics are recommended for acute use as noted by the FDA-approved indications. Zofran is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The request does not meet guideline recommendation. Therefore, the request for Zofran is not medically necessary.

1 prescription for Vicodin 10/300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no documentation of increased pain relief and improved functional status. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The medical records included the current pain rating; however the rest of the items were not documented. The injured worker has been taking Vicodin since at least 08/26/2008 according to the medical records. The guidelines also indicate that ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation did not include these items as recommended by the guidelines. Therefore, the request for Vicodin is not medically necessary.

1 prescription for Prilosec 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for Health and Clinical Excellence (NICE). Acute upper gastrointestinal bleeding: management. London (UK): National Institute for Health and Clinical Excellence (NICE); 2012 Jun. 23 p. (clinical guideline; no. 141).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton pump inhibitors (PPIs).

Decision rationale: Prilosec is a proton pump inhibitor (PPI). The CA MTUS Chronic Pain Guidelines indicate that co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). The medical records indicate that the injured worker had taken an NSAID in the past, but there was no evidence of the current use of an NSAID. Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker was prescribed Prilosec on 01/23/2015. The treating physician documented that the long-term use of an opioid (Norco) had caused some gastrointestinal (GI) upset; therefore, Prilosec was prescribed. The non-MTUS Official Disability Guidelines indicate that proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal events. There was no specific documentation of GI events. Therefore, the request for Prilosec is not medically necessary.

1 single positional MRI scan of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Forearm, Wrist & Hand (Acute & Chronic), MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259, 268-269.

Decision rationale: The CA MTUS/ACOEM Guidelines indicate that for most patients with true hand and wrist problems, special studies are not needed until a four- to six-week period of conservative care and observation. The guidelines also indicate that the identification of red flags that may indicate the presence of a serious underlying medical condition. There was no evidence of red flag conditions in the medical records. The injured worker was diagnosed with right wrist tenosynovitis, which is considered a non-red flag condition according to the guidelines. The guidelines state that non-red flag conditions of the wrist can be managed by the primary care physicians. Most patients can improve quickly, provided that red flag conditions are ruled out. Therefore, the request for an MRI of the right wrist is not medically necessary.

1 single positional MRI scan of the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-330, 335, and 341-343.

Decision rationale: The CA MTUS/ACOEM Guidelines indicate that "special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." The injured worker received conservative care and had an MRI of the left knee in the past. The guidelines also indicate that the absence of red flag conditions rule out the need for special studies during the first four to six weeks. The injured worker has been diagnosed with derangement of the left knee, which is a mechanical disorder. The objective findings of the bilateral knees included tenderness in the medial aspect, which is a unique symptom, and a probable diagnosis of collateral ligament tear. The guidelines indicate that an MRI can confirm the tear. Therefore, the request for an MRI of the left knee is medically necessary.