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| Case Number: | CM15-0060100 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 05/26/2014 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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, Arizona

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 34 year old male, who sustained an industrial injury on 5/26/2014. The mechanism of injury was the injured worker slid and heard a pop in his knee. The current diagnoses are left knee sprain with medial meniscal tear; status post left knee arthroscopy (11/17/2014), persistent bursitis, osteoarthritis, and arthrofibrosis of the left knee, altered gait due to chronic left knee pain, and chronic pain syndrome. According to the progress report dated 3/9/2015, the injured worker complains of worsening left knee pain with associated swelling. The pain is rated 8/10 on a subjective pain scale. Per notes, the least reported pain over the period since last assessment is 5/10, his average pain is 7/10, and intensity of pain after taking the opioid is 5/10 with 3-4 hours of pain relief. The current medications are Oxycodone. Treatment to date has included medication management, knee brace, physical therapy, left knee x-rays, MRI of the left knee (10/22/2014), 6 post-operative physical therapy treatments (some improvement), and left knee injection (helped for 3 days). The plan of care includes post-operative MRI of the left knee, to rule out recurrent meniscal tear or internal derangement as the injured worker's condition had worsened and he had swelling with decreased range of motion despite conservative treatment, cognitive behavioral therapy with one (1) evaluation and four (4) sessions due to the injured worker's assessment of the FABQ related to a fear of physical activity, scored a 39, which is significant, a trial of a meds 4 interferential unit with garment, Oxycodone for pain and a trial of Pamelor for chronic pain and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines MRI, Knee.

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, MRI.

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is appropriate post surgically if it is needed to assess the knee cartilage. The clinical documentation submitted for review indicated the rationale was made to rule out a recurrent meniscal tear or internal derangement of the injured worker's knee; however, the surgical intervention did not involve knee cartilage tissue being repaired. Given the above, the request for MRI of the left knee is not medically necessary.

Cognitive behavioral therapy with one (1) evaluation and four (4) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The California MTUS Guidelines indicate that cognitive behavioral therapy is recommended for injured workers with risk factors for delayed recovery including fear avoidance beliefs. The initial therapy is 3 to 4 sessions of psychotherapy over 2 weeks. The injured worker was identified as being at risk per the Fear Avoidance Belief Questionnaire related to physical activity. However, there could be no decision for treatment without the initial evaluation. Given the above, the request for cognitive behavioral therapy with one (1) evaluation and four (4) sessions is not medically necessary.

Med-IF unit with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work, and exercise. The clinical documentation

submitted for review failed to indicate the injured worker would utilize the unit with work and exercise. The request as submitted failed to indicate whether the unit was for rental or purchase. There was a lack of documented rationale for the use of a garment with the unit. Given the above, and the lack of documentation, the request for mid IF unit with garment is not medically necessary.

Oxycodone 5mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The injured worker indicated that the medications significantly increased his function. The injured worker had an objective pain relief. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Oxycodone 5 mg #70 is not medically necessary.

Pamelor 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety or depression. The clinical documentation submitted for review indicated the injured worker had chronic pain that was accompanied by insomnia; however, there was a lack of documentation of neuropathic pain. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Pamelor 10 mg #90 is not medically necessary.