

Case Number:	CM15-0060581		
Date Assigned:	05/08/2015	Date of Injury:	04/22/2008
Decision Date:	06/30/2015	UR Denial Date:	03/05/2015
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, Hawaii
 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 65 year old female, who sustained an industrial injury on 4/22/2008. The current diagnoses are status post right shoulder surgery, left shoulder impingement, left wrist complaints, cervical strain, right knee derangement, and status post left knee surgery. According to the progress report dated 2/4/2015, the injured worker complains of ongoing problems with her knees giving way, sleeping, neck pain and stiffness, and more symptoms on the right in terms of the shoulder motion. The pain was not rated. The physical examination reveals tenderness, tightness, and spasm. There is restricted motion with flexion and extension of the cervical spine, right and left shoulder. There is cracking and crepitation in her knees with laxity. The current medication list was not available for review. Treatment to date has included medication management, X-rays, MRI studies, computed tomography scan, and surgical intervention. The plan of care includes unloader brace for right knee, pain management for medication management, Vicodin, therapy (unspecified), and acupuncture (unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Unloader brace for Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Knee braces.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & leg chapter, Unloader braces for the knee.

Decision rationale: The patient presents with bilateral knee pain with giving way as well as neck pain and stiffness. The current request is for Unloader brace for right knee. The treating physician report dated 2/4/15 (217b) states, "There is cracking and crepitation on her knees with laxity. Motion is 0-110 degrees. Status post surgery, left knee, post scope with residuals, right knee derangement." The Official Disability Guidelines state that unloader braces are recommended. In this case, the treating physician has documented the medical need for the requested treatment. The current request is medically necessary and the recommendation is for authorization.

Pain Management for medication management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: The patient presents with bilateral knee pain with giving way as well as neck pain and stiffness. The current request is for Pain management for medication management. The treating physician states, "She needs pain management for medication management." The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise in pain management may be required in this post-surgical patient. Recommendation is for authorization. Therefore, the requested treatment is medically necessary.

Refill Vicodin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids (Hydrocodone/APAP).

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

Decision rationale: The patient presents with bilateral knee pain with giving way as well as neck pain and stiffness. The current request is for a refill of Vicodin. The treating physician

states, "I have requested to refill her Vicodin." There is no discussion of the patient's pain levels or functional ability to perform ADLs. The physician states that the patient is still unable to work. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented that the patient has any relief with medication usage. There are no before or after pain scales used. There is no discussion regarding ADLs or any functional improvements with medication usage. There is no mention of side effects or aberrant behaviors, CURES or UDS found in the records. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the recommendation is for denial and slow weaning per MTUS guidelines.

Therapy (unspecified): Upheld

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

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

Decision rationale: The patient presents with bilateral knee pain with giving way as well as neck pain and stiffness. The current request is for Therapy unspecified. The treating physician states, "We are going to order therapy and acupuncture." There is no specific detail of what type of therapy, the number of requested visits or the number of prior therapy sessions already completed. The MTUS guidelines allow 8-10 therapy visits for neuritis and myalgia type symptoms. The current request for an unknown number of therapy sessions is not supported by the MTUS guidelines. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. The current request is not medically necessary and the recommendation is for denial.