

Case Number:	CM15-0063362		
Date Assigned:	04/09/2015	Date of Injury:	03/12/2014
Decision Date:	05/14/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 27 year old female who sustained an industrial injury on 3/12/14. She reported right knee and right ankle injury due to a fall. The injured worker was diagnosed as having chondromalacia patella, anterior cruciate ligament sprain of right knee, signal changes in right medial meniscus with possibility of tear, right anterior talofibular ligament sprain, peroneal tendinitis, right ankle pain and right knee pain. Treatment to date has included aquatic therapy, orthopedic consultation, medications, ankle brace, and transcutaneous electrical nerve stimulation (TENS) unit. Magnetic resonance imaging (MRI) of the right ankle and knee were performed on 5/1/14. In June 2014, an orthopedic consultant recommended an intra-articular corticosteroid injection and physical therapy; the injured worker reported a history of side effects with steroids and injection was not performed. Ibuprofen was prescribed in October 2014. Pain at that time was rated 5-6/10 in severity. On 11/12/14, the physician documented a request for orthopedic consultation for evaluation of possible meniscal tear and sprain of the anterior cruciate ligament, and for right ankle talofibular and tibiofibular ligament sprain and peroneal tenosynovitis due to lack of response to conservative treatment. Work status at that time was noted to be modified work. At a visit on 12/17/14, the injured worker reported persistent right knee and right ankle pain, and reflux associated with medications. Examination showed antalgic gait, limited mobility in the right leg, decreased strength in right knee flexion, extension, ankle flexion, extension, ankle inversion and eversion. Aquatic physical therapy was requested due to the injured worker's inability to tolerate land based exercises and because simple walking activity aggravates her pain. Orthopedic consultation was approved on 12/30/14. As of 1/23/15, the

injured worker had completed 6 sessions of aquatic therapy for the right knee and ankle; consistent adherence to daily home exercise program was noted. At a visit on 2/27/15, the injured worker complains of persistent right knee and ankle pain, with a popping feeling in knee and stiffness in ankle. Pain was 8/10 in severity. Aquatic therapy was noted to be completed and resulted in decreasing pain and increasing mobility, with decrease in ibuprofen use. TENS trial was noted to be successful in decreasing her symptoms with decrease in pain level and increased mobility. Weight was 220 pounds; height was not recorded. Physical exam noted tenderness diffusely along right knee joint line with decreased range of motion and antalgic gait. The treatment plan included ibuprofen and omeprazole and request for authorization for continuation of aquatic therapy 16 sessions, TENS unit and orthopedic consult. It was noted that the orthopedic consultation had been authorized and a specific surgeon was noted as the consultant requested. Omeprazole was added for reflux. Work status remained modified work. On 3/20/15, Utilization Review (UR) non-certified requests for ibuprofen 600 mg #60, omeprazole 20 mg #30, TENS unit purchase, and orthopedic consult right knee. UR modified a request for aquatic therapy 2 x 8 to 4 additional sessions. UR cited the MTUS, ACOEM, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: This injured worker has chronic knee and ankle pain. Ibuprofen has been prescribed since at least October 2014. Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Several elevated diastolic blood pressure readings were recorded for this injured worker and were not addressed by the treating physician. Reflux was also documented. There was no change in work status or decrease in pain rating as a result of treatment with ibuprofen; activities of daily living were not noted to be improved. Due to lack of functional improvement and potential for toxicity, the request for ibuprofen is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed ibuprofen, a nonsteroidal anti-inflammatory medication (NSAID), and omeprazole, a proton pump inhibitor (PPI). Per the MTUS, 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). None of these risk factors were present for this injured worker. The physician noted that omeprazole was prescribed for reflux, without further discussion of evaluation. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. If one were to presume that a medication were to be the cause of the undescribed gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. In this case, ibuprofen was continued and omeprazole was added. Due to lack of adequate GI evaluation and as the associated NSAID has been found to be not medically necessary, the request for omeprazole is not medically necessary.

Aquatic therapy 2x8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy p. 22, physical medicine p. 98-99 Page(s): 22, 98-99.

Decision rationale: The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing/minimization of the effects of gravity is desirable. Such situations include extreme obesity, and in certain cases of knee complaints while allowing the affected knee to rest before undergoing specific exercises to rehabilitate the area at a later date. Water exercises have been noted to improve some components of health-related quality of life, balance, and stair climbing in the treatment of fibromyalgia, but regular exercises and higher intensities may be required to preserve most of these gains. The number of sessions of aquatic therapy follows the physical medicine guidelines. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The number of sessions requested exceeds that quantity recommended in the MTUS. In general, patients should perform land therapy, in that land exercise is essential for development of strength, proprioception, and core stabilization. There was no documentation of extreme obesity or other need for reduced weight bearing, or of specific plan for rehabilitation of the knee which requires rest of the affected knee. The physician noted that the injured worker was unable to tolerate land based exercises, but this was not further discussed. The injured worker has completed 6 sessions of aquatic therapy with

notation of decrease in ibuprofen use; however, there was no decrease in work restrictions or improvement in activities of daily living documented. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be able to transition to a home exercise program after the physical therapy already completed; in fact, the physical therapy documentation notes that the injured worker was compliant with a home exercise program. Due to lack of specific indication for aquatic therapy (as opposed to land based therapy), number of sessions requested in excess of the guidelines, and lack of documentation of specific functional improvement as a result of the aquatic therapy already completed, the request for 16 sessions of aquatic therapy is not medically necessary.

Purchase of TENS (transcutaneous electrical nerve stimulation) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: Electrotherapy represents the therapeutic use of electricity and is a modality that can be used in the treatment of chronic pain. Transcutaneous electrical nerve stimulation (TENS) devices are the most commonly used; other devices are distinguished from TENS based on their electrical specifications. The MTUS specifies that TENS is not recommended as a primary modality but a one-month home based TENS trial may be considered if used as an adjunct to a program of evidence based functional restoration for certain conditions, including neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis, and acute post-operative pain. A treatment plan with the specific short and long term goals of treatment with the TENS unit should be submitted. The physician reports do not address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS. During the one month trial, there should be documentation of how often the unit was used as well as outcomes in terms of pain relief and function. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. In this case, the injured worker was documented to have had a one month trial of TENS, with decrease in pain level and increase in mobility. However, there was no documentation of how often the unit was used or of specific short and long term goals of treatment with TENS. Although increase in mobility was noted, there was not documentation of functional improvement. There was no documentation of decrease in work restrictions, improvement in activities of daily living, decrease in medication use as a result of the TENS, or decrease in frequency of office visits. Due to lack of presence of a condition for which TENS is indicated per the guidelines, lack of documentation of how often the unit was used and of short and long term goals of treatment with TENS, and lack of functional improvement, the request for purchase of TENS unit is not medically necessary.

Orthopedic consultation for the right knee: 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) pain chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. This injured worker has diagnoses of chondromalacia patella, anterior cruciate ligament sprain of right knee, and signal changes in right medial meniscus with possibility of tear. There was documentation of lack of response to conservative measures including physical therapy and medication. Orthopedic consultation was approved on 12/30/14, but there was no documentation that the injured worker had any recent visits with an orthopedic surgeon. The physician noted a request for consultation with a specific orthopedic surgeon; it is possible that the current request represents a duplicate request for the same service. There was no documentation of new injury for which another orthopedic consultation would be necessary. As such, the request for Orthopedic consultation for the right knee is not medically necessary.