

Case Number:	CM15-0076318		
Date Assigned:	04/27/2015	Date of Injury:	12/02/2005
Decision Date:	06/29/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/21/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44-year-old male patient who sustained a work related injury on December 2, 2005. He sustained the injury due to pushing loaded pallet jack. The diagnoses include bilateral knee sprain/strain; s/p right knee surgery 2004, 2007; lumbosacral joint ligament sprain/strain. Per the note dated 4/8/15, patient had TENS trial on the right knee for 15 minutes-pain decreased to 4/10 and increased range of motion. A doctor's first report of occupational injury or illness, dated March 26, 2015 was not fully legible. Per the note dated 3/26/15, he had right knee, left knee and low back pain. The medications list includes norco and cyclobenzaprine. Prior diagnostic study report was not specified in the records provided. Other therapy done for this injury was not specified in the records provided. At issue, is the request for authorization for TENS (transcutaneous electrical nerve stimulation) unit, purchase of right knee brace, Norco, and chiropractic therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x12 sessions: 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 Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Chiropractic therapy x12 sessions. Per the cited guidelines regarding chiropractic treatment "Elective/maintenance care - Not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic therapy x12 sessions is not fully established for this patient. Therefore, the request is not medically necessary.

Purchase of Right Knee Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Purchase of Right Knee Brace. Per the ACOEM guidelines cited below "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Any evidence for the need of stressing the knee under load such as climbing ladders or carrying boxes is not specified in the records provided. Significant consistent evidence of patellar instability or anterior cruciate ligament (ACL) tear is not specified in the records provided. Response to conservative therapy including physical therapy is not specified in the records provided. A recent detailed clinical examination of the right knee is not specified in the records provided. The medical necessity of purchase of right knee brace is not established for this patient at this time. Therefore, the request is not medically necessary.

Norco 5/325mg #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
CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: Request-Norco 5/325mg #30Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant, anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg, #30 is not established for this patient. Therefore, the request is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) Unit: 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 TENS, chronic pain (transcutaneous electrical nerve stimulation)Page 114-116.

Decision rationale: TENS (transcutaneous electrical nerve stimulation) Unit. According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness". Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of appropriate medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS (transcutaneous electrical nerve stimulation) Unit is not established for this patient.

Therefore, the request is not medically necessary.