

Case Number:	CM15-0077866		
Date Assigned:	06/04/2015	Date of Injury:	10/07/2014
Decision Date:	07/01/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/23/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 40-year-old female, who sustained an industrial injury on 10/7/2014. She reported a knee twisting injury, while chasing a suspect. The injured worker was diagnosed as having right knee and leg sprain, knee meniscus tear, plantar fasciitis, heel spur syndrome and currently pregnant. Magnetic resonance imaging of the right knee showed a meniscal tear. Treatment to date has included physical therapy, steroid injections, orthotics and medication management. In a progress note dated 2/13/2015, the injured worker complains of intermittent right knee pain, intermittent right foot/heel pain and occasional low back pain. The treating physician is requesting cold flow therapy, KneeHab-NMES unit and a retrospective urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Cold Flow Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of knee cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for up to 7 days. In this case, there is no specification of length of time requested postoperatively for the cryotherapy unit. Therefore, the request is not medically necessary.

Associated Surgical Service: KneeHab NMES Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: CA MTUS/ACOEM Practice Guidelines states that, some studies have shown that transcutaneous electrical neurostimulation (TENS) units and acupuncture may be beneficial in patients with chronic knee pain, but there is insufficient evidence of benefit in acute knee problems. Therefore the decision to prescribe a TENS unit in the immediate, acute, postoperative setting is not supported by the guidelines above and determination is not medically necessary.

Retrospective: Urine Drug Screen (DOS: 02/13/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pani Chapter, Indications for UDT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 94-95.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, use of urine toxicology is encouraged particularly when opioids are prescribed. It states the following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement; b) Limitation of prescribing and filling of prescriptions to one pharmacy; and c) Frequent random urine toxicology screens. In this case, there is insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology. The request is therefore not medically necessary.