

Case Number:	CM15-0079127		
Date Assigned:	04/30/2015	Date of Injury:	07/26/2011
Decision Date:	07/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/24/2015

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

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 55 year old female who sustained an industrial injury on 7/26/11. The injured worker reported symptoms in the back, left lower extremity, shoulder and neck. The injured worker was diagnosed as having chronic left knee pain status post knee replacement (2/7/12), mild bilateral shoulder pain, low back pain, left lumbar radiofrequency ablation and left L5 radiculitis. Treatments to date have included massage, injections, oral pain medication, exercise, stretching, and muscle relaxant. Currently, the injured worker complains of discomfort in the neck, low back, shoulders and right hand. The plan of care was for medication prescriptions, massage therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Allergy testing for possible future steroid injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Academy of Allergy, Asthma & Immunology (AAAAI) www.aaaai.org/ask-the-expert/skin-testing-corticosteroids.aspx.

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with pain to neck and shoulders, pain to low back that radiates down right posterior and lateral leg, and left knee weakness. The patient is status post one right knee and 5 left knee surgeries, left knee replacement on 02/07/12; and bilateral carpal tunnel surgery in 1997. The request is for ALLERGY TESTING FOR POSSIBLE FUTURE STEROID INJECTIONS. Patient's diagnosis per Request for Authorization form dated 04/15/15 includes shoulder joint pain, left knee joint pain, lumbar sprain and neck sprain. Physical examination to the lumbar spine on 04/10/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion decreased and painful, especially on extension. Patellar reflexes 2+. Sensation decreased in the left lateral and posterior leg. Examination of the left knee revealed some swelling and tenderness at joint, crepitation, and decreased range of motion 0-100 degrees. Treatments to date have included surgery, physical therapy, massage, lumbar RF ablation (without benefit), home exercise program and medications. Patient's medications include Burspar, Topamax, Percocet, Flexeril, and Miralax. The patient is working, per 04/10/15 report. Treatment reports were provided from 09/26/14 - 04/15/15. MTUS, ACOEM and ODG are silent regarding the request. Alternate guidelines were referenced. The American Academy of Allergy, Asthma & Immunology (AAAAI) www.aaaai.org/ask-the-expert/skin-testing-corticosteroids.aspx Skin testing for allergy to corticosteroids: Dermatitis. 2012 Nov- Dec; 23(6):288-90. doi: 10.1097/DER.0b013e318277ca22. Immediate and delayed hypersensitivity to systemic corticosteroids: 2 case reports. Laberge L, Pratt M. Source: University of Ottawa, Ottawa, Ontario, Canada. Abstract "Background: Both immediate, type I reactions and delayed hypersensitivity, type IV reactions to systemic corticosteroid preparations have been reported. Type I reactions are rare, with delayed hypersensitivity reactions being slightly more common. Cases: A 33-year-old woman presented repeatedly to the emergency department with asthma attacks. She developed pruritus and hives approximately 30 minutes after the administration of parenteral corticosteroids. Her respiratory status deteriorated approximately 6 hours after she received the corticosteroids. An acute eczematous dermatitis on her face, neck, and upper body appeared 24 hours after administration of the corticosteroids. The dermatitis peaked at 72 hours. Intradermal testing to Solu-Medrol, Solu-Cortef, prednisone, and Decadron confirmed a type I, anaphylactoid reaction. The dermatitis that presented 24 hours after administration of the parenteral corticosteroids is consistent clinically with a type IV delayed hypersensitivity reaction to the corticosteroids. A second patient, a 51-year-old woman, developed urticarial lesions that lasted approximately 30 minutes, immediately after intralesional triamcinolone injections for keloid scars. Intradermal testing was performed. She showed a positive reaction to triamcinolone confirming a type I allergy to this steroid. Conclusions: It is important to consider an allergy to corticosteroids in patients with worsening anaphylactic symptoms after administration of systemic corticosteroids. J Invest Allergol Clin Immunol 2010; Vol. 20(6): 529-532" UR letter dated 04/23/15 quoted ACOEM consultation guidelines recommending "specialist consultations for specifically identified patients for diagnostic and/or therapeutic interventions... It is not recommended that a patient be given a medication that caused an allergic reaction as severe as Anaphylaxis." Per progress report 04/10/15, the patient "previously had some type of steroid,

which caused anaphylactic reaction... she would like to get an allergy test to see what steroid she is allergic to, to consider epidural steroid injection." According to The American Academy of Allergy, Asthma & Immunology (AAAAI) "It is important to consider an allergy to corticosteroids in patients with worsening anaphylactic symptoms after administration of systemic corticosteroids." In this case, treater has documented strong enough concern to warrant Allergy testing for possible future steroid injections. The request appears reasonable and in accordance with referenced guidelines. Therefore, the request IS medically necessary.

Additional massage therapy for the back, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with pain to low back that radiates down right posterior and lateral leg, and left knee weakness. The patient is status post one right knee and 5 left knee surgeries, left knee replacement on 02/07/12; and bilateral carpal tunnel surgery in 1997. The request is for **ADDITIONAL MASSAGE THERAPY FOR THE BACK, 6 SESSIONS**. Patient's diagnosis per Request for Authorization form dated 04/15/15 includes lumbar sprain. Physical examination to the lumbar spine on 04/10/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion decreased and painful, especially on extension. Patellar reflexes 2+. Sensation decreased in the left lateral and posterior leg. Treatments to date have included surgery, physical therapy, massage, lumbar RF ablation (without benefit), home exercise program and medications. Patient's medications include Burspar, Topamax, Percocet, Flexeril, and Miralax. The patient is working, per 04/10/15 report. Treatment reports were provided from 09/26/14 - 04/15/15. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Treater has not provided medical rationale for the request. Given patients diagnosis, a short course of massage therapy would be indicated by guidelines. However, treater has not provided a precise treatment history. Furthermore, the request for additional 6 sessions of massage therapy would exceed guideline recommendation. Therefore, the request IS NOT medically necessary.

Percocet 5/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with pain to neck and shoulders, pain to low back that radiates down right posterior and lateral leg, and left knee weakness, rated 4/10 with and 8/10 without medication. The patient is status post one right knee and 5 left knee surgeries, left knee replacement on 02/07/12; and bilateral carpal tunnel surgery in 1997. The request is for PERCOCET 5/325MG, #120. Patient's diagnosis per Request for Authorization form dated 04/15/15 includes shoulder joint pain, left knee joint pain, lumbar sprain and neck sprain. Physical examination to the lumbar spine on 04/10/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion decreased and painful, especially on extension. Patellar reflexes 2+. Sensation decreased in the left lateral and posterior leg. Examination of the left knee revealed some swelling and tenderness at joint, crepitation, and decreased range of motion 0-100 degrees. Treatments to date have included surgery, physical therapy, massage, lumbar RF ablation (without benefit), home exercise program and medications. Patient's medications include Burspar, Topamax, Percocet, Flexeril, and Miralax. The patient is working, per 04/10/15 report. Treatment reports were provided from 09/26/14 - 04/15/15. 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 adverse 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Percocet has been included in patient's medications, per progress reports dated 10/09/14, 01/05/15, and 04/10/15. Per 04/10/15 report, treater states the patient is "taking Percocet four a day, which provides significant relief... she also stretches and exercises daily. With medications she is working." In this case, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Clinical results from toxicology reports dated 11/06/14 and 01/05/15 were "Consistent based on declared prescriptions." However, latest toxicology report dated 03/09/15 showed "Inconsistent Results." There are no discussion on aberrant behavior, CURES reports or pain contract. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, and Inconsistent UDS, the request IS NOT medically necessary.

Durable medical equipment (DME) left knee brace, #1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg Chapter, knee brace.

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with pain to low back that radiates down right posterior and lateral leg, and left knee weakness. The patient is status post one right knee and 5 left knee surgeries, left knee replacement on 02/07/12; and bilateral carpal tunnel surgery in 1997. The request is for

DURABLE MEDICAL EQUIPMENT (DME) LEFT KNEE BRACE, #1. Patient's diagnosis per Request for Authorization form dated 04/15/15 includes left knee joint pain, and lumbar sprain. Physical examination to the left knee on 04/10/15 revealed some swelling and tenderness at joint, crepitation, and decreased range of motion 0-100 degrees. Treatments to date have included surgery, physical therapy, massage, lumbar RF ablation (without benefit), home exercise program and medications. Patient's medications include Burspar, Topamax, Percocet, Flexeril, and Miralax. The patient is working, per 04/10/15 report. Treatment reports were provided from 09/26/14 - 04/15/15. ACOEM pg 338, table 13-3 Methods of Symptom control for knee complaints, under Options, for meniscal tears, collateral ligament strain, cruciate ligament tear, "Immobilizer only if needed" Under Patellofemoral syndrome a knee sleeve is an option. ODG Guidelines under the Knee Chapter does recommend knee brace for the following conditions, "Knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture. It further states, 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." Per 04/10/15 report, treater states the patient "was fitted for the knee brace, but was not authorized for the brace itself and she would really like to have that as she feels the knee is weak." In this case, the patient is status post 5 surgeries to the left knee. The patient continues with weakness despite surgery and conservative interventions. The patient is currently working and may stress knee under load. There is no indication the patient was previously dispensed knee brace. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.