

Case Number:	CM14-0149973		
Date Assigned:	09/18/2014	Date of Injury:	10/31/2012
Decision Date:	10/23/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old male with a reported date of injury of 10/31/2012. The injury reportedly occurred when a 10 pound metal trash can hit the injured worker's knee after he had emptied it into a dumpster. His diagnoses were noted to include chronic pain syndrome, right knee pain, right knee degenerative joint disease, chondromalacia of the right knee, right knee sprain/strain, and right femoral neuropathy. His previous treatments were noted to include medications, physical therapy, and steroid injection. The progress note dated 08/28/2014 revealed complaints of pain to the right knee described as constant, stabbing, and burning felt in the anterior aspect. The pain did not radiate anywhere else. The injured worker indicated the pain was 6/10 to 7/10 without medications and 5/10 to 6/10 with medications. The injured worker complained of weakness to the right lower extremity and some occasional giving out of the right knee. The physical examination of the bilateral knees noted tenderness to palpation over the medial and lateral joint line of the right knee. There was tenderness to palpation over the patellofemoral tendon as well. There was tenderness to palpation over the posterior aspect of the right knee. There was minimal tenderness to palpation over the medial and lateral joint line of the left knee. The range of motion to the bilateral knees was full and sensation was intact. There was positive crepitus with flexion and extension of the right knee and positive effusion in the right knee. The deep tendon reflexes were 2+ and symmetric in the bilateral lower extremities. The Request for Authorization form dated 09/04/2014 was for a right knee brace quantity 1, a TENS unit #3, and Voltaren 1% gel as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The request for a right knee brace quantity 1 is not medically necessary. The injured worker complained of knee pain with difficulty doing his job when it came to kneeling or bending. The CA MTUS/ACOEM Guidelines state activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. Patients with acute ligament tears, strains, or meniscus damage to the knee can often perform only limited squatting and working under load during the first few weeks after return to work. Patients with prepatellar bursitis should avoid kneeling. Patients with any type of knee injury or disorder will find prolonged standing and walking to be difficult, but returning to modified duty at work is extremely desirable to maintain activities and prevent debilitation. A brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under loads 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. There was a lack of documentation regarding knee instability to warrant a knee brace. Therefore, the request is not medically necessary.

Voltaren 1% Gel Qty 5.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Topical NSAIDs Page(s): 111.

Decision rationale: The request for Voltaren 1% gel quantity 5 is not medically necessary. The injured worker complained of knee pain. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state Voltaren 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. There was a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

TENS Unit (months) #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 116, 118.

Decision rationale: The request for a TENS unit (months) #3 is not medically necessary. The injured worker complained of knee pain. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but a 1 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. The guidelines criteria for the use of TENS include: documentation of pain of at least 3 months' duration; evidence that other appropriate pain modalities have been tried and failed; a 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach), with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial period; and other ongoing pain treatments should also be documented during the trial period, including medication usage. There was a lack of documentation regarding a 30 day trial with a TENS unit used as an adjunct with a functional restoration approach. Additionally, the request failed to provide how long the TENS was to be utilized. Therefore, the request is not medically necessary.