

Case Number:	CM13-0009027		
Date Assigned:	01/03/2014	Date of Injury:	09/16/2004
Decision Date:	06/18/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/09/2013

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 and Rehabilitation, and is licensed to practice in Texas. 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 patient is a 63-year-old female who reported an injury on 9/16/04 due to a fall that caused injury to the bilateral knees and cervical spine. The patient ultimately underwent bilateral total knee replacements. The patient's treatment history included physical therapy, chiropractic care, activity modifications, medications, a TENS unit, and hot/cold compression. The patient's most recent clinical documentation reports that the patient has 10/10 cervical and low back pain. Physical findings included tenderness to palpation over the cervical paraspinal musculature with limited range of motion and a mildly positive Spurling's sign. Evaluation of the upper extremities revealed a positive cubital Tinel's sign of the left arm with restricted range of motion in adduction. Evaluation of the lumbar spine revealed tenderness to palpation over the lumbar spine and paraspinal musculature with a mildly positive bilateral straight leg raise test. The patient's diagnosis included neck pain, left shoulder pain, left arm pain, left hand pain, dysesthesia in the anterolateral left arm with a positive cubital Tinel's sign, low back pain, right groin pain, bilateral knee pain, and bilateral foot pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND: 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

Decision rationale: The clinical documentation submitted for review does not specifically identify the purpose of the ultrasound. It is not clearly established within the documentation if this is for diagnostic or therapeutic purposes. Additionally, there is no indication of what body part should undergo ultrasound. The Official Disability Guidelines do not recommend the use of therapeutic ultrasound as there is little scientific data to support efficacy of this treatment. As such, the request is not medically necessary.

A TENS 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 Page(s): 114.

Decision rationale: The California MTUS recommends that the purchase of a TENS unit be based on a 30 days clinical trial that produces functional benefit. The clinical documentation submitted for review provides evidence that the patient has previously used a TENS unit; however, the duration of treatment and efficacy of treatment is not provided in the documentation. Therefore, the use of a TENS unit would not be supported. As such, the request is not medically necessary.

PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEK: 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 Page(s): 98-99.

Decision rationale: The request as it is written does not specifically identify the body part that the requested treatment will focus on. Additionally, due to the age of the injury, the efficacy of prior physical therapy would need to be documented. The California MTUS recommends that ongoing physical therapy be based on documentation of functional benefits. As there is no documentation outlining the efficacy of prior treatment, additional physical therapy would not be supported. As such, the request is not medically necessary.

CHIROPRACTIC TWICE A WEEK FOR FOUR WEEKS: 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 Page(s): 58.

Decision rationale: The clinical documentation submitted for review indicates that the patient previously received chiropractic care. The California MTUS recommends 1-2 visits as appropriate for acute exacerbations of a patient's chronic pain. The request exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request is not medically necessary.