

Case Number:	CM13-0011279		
Date Assigned:	01/22/2014	Date of Injury:	01/19/2013
Decision Date:	03/25/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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:

This patient is a 52-year-old female with date of injury of 01/19/2013. The listed diagnoses per report 07/12/2013 are low back pain. In another report, 07/19/2013, listed diagnoses are low back pain and knee pain. The treating physician's report states that the patient had trauma involving the low back, left upper arm, and right leg where first episode was falling onto the knees and hands and second fall was towards the back onto the buttock injuring the low back. The patient has stiffness and weakness of the right leg, pain down to calf. The patient complains that chair is too low at work and worsening pain to 8/10 and had to miss work yesterday and today, has difficulty ambulation and is currently using a cane. Per report, current listed problems are arm pain, lumbar strain, sciatica, shoulder pain, sprains and strains of shoulder, upper arm, low back pain. Recommendation was for ergonomic assessment and adjustment, and the patient was to be temporarily totally disabled until 07/01/2013 or next visit. Another report by [REDACTED], 07/24/2013, has recommendations to continue aquatic therapy and therapeutic massage 2 times a week for 4 weeks. This report also describes the patient's "history of knee pain". This is the right knee pain with intensity of severe pain, dull ache, and pain increased with stair climbing, joint stiffness, and crepitation. Examination of right knee showed pain with palpation on the right medial lateral anterior joint line and at the medial collateral ligament but no gross edema, no evidence of acute injury. Muscle strength was 5/5. Special maneuvers were positive for McMurray's sign, and Apley's compression test was positive. Various specialized maneuvers are negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Ergonomic Assessment and Adjustments: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 262.

Decision rationale: This patient presents with low back and right knee pain following a fall injury. There is a request for "ergonomic assessment and adjustments". The treating physician states that patient is in quite a bit of pain due to a chair that is uncomfortable and too low, per report of 07/19/2013. The utilization review letter 08/02/2013 modified this request to allow for ergonomic assessment as adjustments would need to come following ergonomic assessment. ACOEM Guidelines page 262 states, "the clinician may recommend work and activity modifications or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence" recommendation for authorization. The patient is having quite a bit of difficulties due to persistent low back and knee problems, and the chair that she is sitting on is too low. Ergonomic assessment and adjustments to the chair would be reasonable medical recommendations given ACOEM Guidelines page 262 that recommends it. Therefore the request is medically necessary and appropriate.

requested Treatment for Toradol 60mg IM Injection: 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 Section (NSAIDs) non-steroidal anti-inflammatory drugs, specific drug list and adverse effects P.

Decision rationale: This patient presents with persistent low back and right knee pain following a fall injury. There is a request for Toradol IM injection 60 mg. The treating physician's report, 07/12/2013, listed current medications as Norco 10/325 taken every 6 to 8 hours, Soma 350 mg p.r.n. for back pain, Ibuprofen 800 mg by mouth every 8 hours. The patient was given Toradol IM injection on 07/12/2013 after patient presented with a flareup of low back pain, inability to return to work, due to increased pain in the low back and the knee. Chronic Pain Medical Treatment Guidelines page 70 has the following regarding Ketorolac or Toradol. "This medication is not indicated for minor or chronic painful conditions." There is no evidence that intramuscular Toradol is any superior to oral Ibuprofen for acute pain. The patient is already on Ibuprofen. Therefore given the lack of guidelines support the request for Toradol IM Injection is not medically necessary and appropriate.

request for Aquatic Therapy for Lumbar Spine: 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 Section Aquatic Therapy Page(s): 22.

Decision rationale: This patient presents with persistent low back and right knee pain. The treating physician has asked for continued aqua therapy 2 times a week for 4 weeks per his report 07/24/2013. This report indicates that the patient is currently going through therapy without much benefit. He states, "Has only just begun aquatic therapy, not any better." Chronic Pain Medical Treatment Guidelines page 22 states that aqua therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aqua therapy including swimming can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity." In this patient, there is no evidence that the patient is extremely obese. Furthermore, the patient was receiving physical therapy. There are physical therapy notes from 03/01/2013 to 04/02/2013 for at least 7 to 8 sessions. The treating physician does not provide any rationale as to why aqua therapy should be continued. Chronic Pain Medical Treatment Guidelines page 98 and 99 recommends 9 to 10 sessions for myalgia and myositis type of pain that this patient suffers from. The current request for 8 sessions of aqua therapy exceeds what is allowed by Chronic Pain Medical Treatment Guidelines. Furthermore, there is no documentation that this patient would benefit from non-weight bearing exercises. The progress notes indicate that the patient weighs 160 pounds with a BMI of 25.8. The patient is not obese according to these numbers. Therefore the request is not medically necessary and appropriate.

request for additional Therapeutic Massage for Lumbar Spine: 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 Section under its chronic pain section has the following regarding massage therapy Page(s): 60.

Decision rationale: This patient presents with chronic and persistent low back and right knee pain following a fall injury. The treating physician has asked for massage therapy 2 times a week for 4 weeks. Chronic Pain Medical Treatment Guidelines page 60 states under massage therapy "recommended as an option as indicated below." This treatment should be an adjunct to other recommended treatment that is exercise and it should be limited to 4 to 6 visits in most cases. The current request is for 8 sessions of massage therapy which exceeds what is allowed by Chronic Pain Medical Treatment Guidelines. Therefore the request is not medically necessary and appropriate.

request for MRI of Right Knee without contrast: Overturned

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): s 341-342.

Decision rationale: This patient presents with persistent low back and right knee pain following a fall injury. The treating physician reports on 07/24/2013 that the patient has history of right knee pain, currently experiencing severe pain. In fact, the patient was taken off of work due to severe increase in knee pain. Examination showed positive meniscal maneuver and positive Apley's maneuver, otherwise, negative. The treating physician also indicates that the patient's condition is not improving with conservative care including physical therapy. ACOEM Guidelines page 341 and 342 provide discussion regarding special studies for knee condition. However, it is arguable that ACOEM Guidelines apply to acute and subacute cases. It does not recommend relying on imaging studies to evaluate the source of knee symptoms which may carry significant risk of diagnostic confusion. Official Disability Guidelines provide a better discussion regarding MRI of the knee for chronic cases. This guideline states that when patients have non-traumatic knee pain, with initial negative radiographs, and there is evidence of internal derangement, then an MRI is indicated. It also states "if internal derangement is suspected", then MRI is appropriate. In this case, the suspicion is that of meniscal tear and internal derangement given the patient's positive examination. The patient has failed to improve with conservative care for over 6 months and an MRI of the right knee would be appropriate. Therefore request is medically necessary and appropriate.