

Case Number:	CM13-0027041		
Date Assigned:	11/22/2013	Date of Injury:	01/13/2009
Decision Date:	01/29/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/20/2013

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, 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:

The patient is a 75 year old female who reported an injury(s) on or between 12/27/2007 and 01/13/2009. The mechanism of injury was a fall(s). The clinical documentation submitted for review stated that the patient had a fall on 12/27/2007 and received conservative care and x-rays. In 2008, the patient received cortisone injections to her right knee. On 03/04/2008 the patient had another fall complained of pain to her knees and received a knee brace. The patient had a right knee replacement on 01/11/2010. The patient was treated with medication and physical therapy. The patient continued to complain of knee pain. The patient also complained of low back, ankle, and feet pain. The patient had been diagnosed with status post total right knee replacement, sprain/strain, knee/leg; medial femoral condyle and medial tibial plateau chondrosis, left knee; lateral femoral condyle chondrosis, left knee; segmental dysfunction, lower extremity; sprain/strain, lumbar; lumbar IVD displacement without myelopathy; and lumbar segmental dysfunction. The clinical documentation physical examination findings were range of motion are carried out actively and voluntarily by the patient. The patient had an antalgic limp, lumbar spine range of motion flexion 90% no pain, extension 15 degree with minimal pain, right and left sitting SLR 90 degrees no pain, supine SLR 90 degrees no pain; slight diffuse swelling to right knee, range of motion flexion right 90 degrees slight-to-moderate pain, left 120 degrees moderate pain. The patient was diagnosed with osteoarthritis in the knees. The clinical documentation submitted for review dated 08/13/2013 stated the patient rates her pain at a 9/10 to her upper back, lower back, knees, and legs. The patient stated her pain reduced with rest and activity modification. The patient reported her pain levels have risen as of late. The patient had moderate paraspinal tenderness, muscle guarding and spasms bilaterally at T7-L1, and mild spinal te

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point impedance imaging, lumbar: 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 National Center for Biotechnology Information - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700778/>.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS ACOEM and ODG do not address the request. The National Center for Biotechnology Information, the National Library of Medicine and the National Institutes of Health state trigger point impedance imaging is a novel, noninvasive, image-guided, targeted neurostimulation modality but warrants future investigation and randomized, controlled, longitudinal studies. The clinical documentation submitted for review does not meet the recommended guidelines. Although, the clinical documentation indicates some abnormal physical finding of the lumbar spine, the impedance imaging request is not recommended by the NLM or NIH. Also, no objective functional documentation was submitted to indicate deficits. The clinical documentation does not indicate any pain medication treatment or other treatments of the patient. As such, the request is non-certified.

Trigger point impedance imaging, thoracic: 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 National Center for Biotechnology Information - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700778/>

Decision rationale: CA MTUS ACOEM and ODG do not address the request. The National Center for Biotechnology Information, the National Library of Medicine and the National Institutes of Health state trigger point impedance imaging is a novel, noninvasive, image-guided, targeted neurostimulation modality but warrants future investigation and randomized, controlled, longitudinal studies. The clinical documentation submitted for review does not meet the recommended guidelines. Although, the clinical documentation indicates patient had moderate paraspinal tenderness, muscle guarding and spasms bilaterally at T7-L1, and mild spinal tenderness T7-L1, lumbar reflexes are diminished on the right normal on the left with palpation, the impedance imaging request is not recommended by the NLM or NIH. Also, no objective functional documentation was submitted to indicate deficits. The clinical documentation does not indicate any pain medication treatment or other treatments of the patient. As such, the request is non-certified..

Localized intense neurostimulation therapy 1 x 6, thoracic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-300.

Decision rationale: CA MTUS ACOEM do not recommended neurostimulation. The guidelines state physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. No objective documentation was submitted to indicate functional deficits or indicate any pain medication treatment or other treatments of the patient. As such, the request is non-certified.

CT lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS ACOEM recommended CT scan with unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review did not give sufficient objective findings of conservative care to warrant the request. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. As such, the request is non-certified.

Left and right knee braces: Upheld

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): 340.

Decision rationale: CA MTUS ACOEM recommend braces for ACL tears, MCL instability, or patellar instability. The clinical documentation submitted indicates that the patient has osteoarthritis and is status post a right knee replacement. As such, the request is non-certified..