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| Case Number: | CM13-0031255 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 04/13/2013 |
| Decision Date: | 02/06/2014 | UR Denial Date: | 09/19/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of April 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a TENS unit; unspecified amounts of physical therapy, chiropractic treatment, acupuncture; and Synvisc injections. In a utilization review report of September 19, 2013, the claims administrator certified a series of three Synvisc injections while denying acupuncture, manipulation, and replacement of TENS unit. It was noted that utilization reviewer earlier certified eight sessions of manipulative therapy of March 11, 2013, certified six sessions of acupuncture of May 3, 2013, and certified three prior Synvisc injections on that date as well. The applicant's attorney later appealed the decision. In an applicant questionnaire of June 20, 2013, the applicant states that she is working regular duty and using oral ketoprofen daily. It is noted that large portions of the applicant's file have been mingled with that of an earlier Workers' Compensation claim of April 13, 1992. On August 29, 2013, it is again stated via the questionnaire that the applicant has persistent knee pain. She is working full duty. She is using ketoprofen and hydrocodone for severe pain, it is stated. Acupuncture and TENS unit are ordered on that date, in conjunction with chiropractic therapy and manipulative therapy. The operating diagnoses again are low back pain and knee pain. The applicant does state that she is having issues with constipation and interrupted sleep with medications. On an April 18, 2013 note, it is stated that provision of a replacement TENS unit could diminish the applicant's consumption of pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro/physiotherapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59.

Decision rationale: As noted on page 59 of the MTUS Chronic Pain Medical Treatment Guidelines, if an applicant demonstrates functional improvement as evinced by successful return to work through completion of manipulative therapy, a followup course of treatment comprising of another 4 to 12 visits may be indicated. Page 59 of the MTUS Chronic Pain Medical Treatment Guidelines endorses an overall course of up to 18 to 24 visits for the applicants who do demonstrate functional improvement by returning to regular work. In this case, the applicant is an individual who has successfully returned to regular work. Continued manipulative therapy is indicated for the date of injury of April 13, 2013, which appears on the application for independent medical review. Accordingly, the original utilization review decision is overturned. The request is certified. It is noted that the claim's administrator may have based its denial, in part, based on the applicant's earlier date of injury in 1992.

Acupuncture: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant has had six prior sessions of acupuncture to date. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, the applicant's successful return to work does constitute prima facie evidence of functional improvement after having completed six prior sessions of acupuncture. Therefore, the request is certified

Replacement for TENS unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: As noted by the attending provider, the applicant apparently used the TENS unit to good effect in the past. Previous usage of the TENS unit did result in diminished consumption of oral medications. The applicant herself acknowledged on a questionnaire of

August 2013 that she was having side effects including altered sleep and constipation with oral medications. Given her previously favorable response to the TENS unit, the replacement TENS unit device is also certified.