

<b>Case Number:</b>	CM13-0031488		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 37-year-old female who reported injury on 12/06/2012 with a mechanism of injury being the patient was walking in the employee parking lot when she tripped over parking block causing her to fall forward landing onto her right knee and twisting her left ankle. The patient was noted to have mild swelling of the right knee. There was mild diffuse swelling of the right ankle. Diagnoses were noted to include thoracolumbar musculoligamentous sprain/strain, compensatory left knee sprain/strain, compensatory right ankle sprain with history of fracture and surgical repair over 20 years ago, improved left ankle sprain, and status post arthroscopy of the right knee. The request was made for chiropractic services with exercise rehabilitative and physiotherapy modalities 12 visits 3 times a week for 4 weeks for the right knee, low back and right ankle and a home H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic services with exercise rehabilitative and physiotherapy modalities; twelve (12) visits 3 times a week for 4 weeks for the right knee, low back and right ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. Also, the time to produce effect is indicated as 4 to 6 treatments several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The clinical documentation submitted for review failed to provide if the patient had prior chiropractic treatment. Additionally, treatment is not recommended for the ankle and foot or for the knee. The clinical documentation failed to provide the necessity for 12 sessions. Given the above and the lack of documentation, the request for chiropractic services with exercise rehabilitative and physiotherapy modalities 12 visits 3 times a week for 4 weeks for the right knee, low back and right ankle is not medically necessary.

**Home H-wave unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117.

**Decision rationale:** California MTUS does not recommended H-wave as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy, and medications, plus transcutaneous electrical nerve stimulation (TENS). The clinical documentation submitted for review indicated that the physician wished the patient to have a home H-wave unit to help reduce pain, spasm and decrease medication usage. However, the clinical documentation submitted for review failed to include documentation of a failure of conservative care, medications and a TENS unit. Given the above, the request for a home H-wave unit, with a lack of documentation including the number of days being requested, is not medically necessary.