

Case Number:	CM13-0041005		
Date Assigned:	12/20/2013	Date of Injury:	09/22/2011
Decision Date:	07/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 injured worker is a 28 year old male who sustained an injury on 9/22/11 while shoveling dirt. A pile of dirt and cement covered the injured worker from the waist to the feet; he experienced pain in the right lower extremity at the knee, ankle and foot. Prior conservative treatment included the use of anti-inflammatories and a transcutaneous electrical nerve stimulation unit. The injured worker attended physical therapy which provided some improvement and acupuncture therapy also provided temporary relief. Prior injections have been completed for the low back and right knee. The injured worker did receive trigger point injections on 10/9/12. The injured worker did undergo arthroscopic diagnostic exploration of the right knee on 1/11/13 with resection of an avulsed and torn posterior and anterior cruciate ligament with coblation of the medial collateral and coronary ligaments. There was also excision of loose bodies within the intercondylar notch as well as the superolateral knee joint with partial synovectomy. Electrodiagnostic studies completed on 8/31/13 for the lower extremities were negative. The injured worker was seen on 9/06/13 with continuing complaints of pain in the right knee, right ankle and lower back while on ibuprofen, omeprazole and Soma. On physical examination, there was some paraspinal tenderness in the lumbar spine. Range of motion was slightly restricted in all planes. No neurological deficits in the lower extremities were identified. There was continuing moderate weakness with tenderness to palpation at the right knee. Range of motion was restricted on flexion with positive Apley's compression signs and grinding test and anterior drawer signs. There was no evidence of swelling or tenderness in the right ankle; however, there was some loss of right ankle dorsa flexion and plantar extension. Reflexes were 2+ and symmetric. The injured worker was recommended to attend 24 further physical therapy sessions as well as urinalysis and toxicology results and was prescribed ibuprofen and omeprazole and an ultrasound stimulator for home use. The injured worker had urine drug screen

findings from 9/6/13 which were negative for any tested medications. Further urinary drug screen testing from 11/1/13 was again negative for any tested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 24 sessions body part unknown: 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): 99-100.

Decision rationale: Per guidelines, physical therapy can be utilized to address a recurrence or flare up of symptoms; however, guidelines recommend an initial 6 sessions of physical therapy on a trial basis to determine functional benefit and what requirements are for further physical therapy. The request for 24 physical therapy sessions for this injured worker would be considered excessive. As such, this request is not medically necessary.

Urinalysis for toxicology: 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 injured worker was not prescribed any scheduled medications on 9/6/13. Prior toxicology testing was negative for any controlled or scheduled substances. There was no evidence in the clinical documentation of any elevated risk factors for abuse or diversion of prescribed medications. As such, the request is not medically necessary.

Ibuprofen strength and qty unknown: 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): 67-68.

Decision rationale: The injured worker is noted to have previously utilized anti-inflammatories with limited response. There was no clear indication of any recent exacerbation or flare-up of symptoms, and there was no discussion regarding the need for prescription anti-inflammatories versus over the counter medications for pain, such as Tylenol or Aleve. Furthermore, the request

was not specific in regards to dose, frequency, duration, or quantity. As such, the request is not medically necessary.

Omeprazole strength and qty unknown: 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 records provided for review did not discuss any side effects from oral medication usage, including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, the request is not medically necessary.

Ultrasound stim for home use: 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): 123.

Decision rationale: Passive modalities such as ultrasound are not well-supported in the clinical literature for treatment of chronic musculoskeletal complaints. The injured worker was not enrolled in an active rehabilitation program at the time the request was made to warrant the use of a home stimulator as an adjunct to therapy. No expected functional improvement from the use of a home ultrasound stimulator was documented in the clinical reports provided for review. As such, the request is not medically necessary.