

Case Number:	CM13-0048900		
Date Assigned:	12/27/2013	Date of Injury:	12/22/2010
Decision Date:	04/18/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/06/2013

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, has a subspecialty in Pain Management 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 patient is a 59-year-old female who reported an injury on 12/22/2010. The patient was reportedly injured when she was forcefully lifted out of her chair by another employee. The patient is currently diagnosed with lumbar spine sprain and strain and status post right knee partial lateral meniscectomy. The patient was seen by [REDACTED] on 09/12/2013. The patient reported persistent pain in the left lower extremity. Physical examination revealed decreased lumbar range of motion, tenderness to palpation, positive straight leg raise, hypoesthesia in the L5-S1 dermatome, slight swelling of the right knee, decreased range of motion, and 5/5 motor strength. Treatment recommendations included a request for a TENS unit with supplies, a rehab chair for the right knee, and continuation of a home exercise program and stretches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion Trunk for the Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. As per the documentation submitted, the patient currently participates in a home exercise program with stretching and TENS therapy. The patient has returned to work under usual and customary duties. The medical necessity for range of motion testing has not been established. Therefore, the request is non-certified.

1 Range of Motion for the Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. As per the documentation submitted, the patient currently participates in a home exercise program with stretching and TENS therapy. The patient has returned to work under usual and customary duties. The medical necessity for range of motion testing has not been established. Therefore, the request is non-certified.

1 TENS unit Supplies: 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): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a non-invasive conservative option. As per the documentation submitted, there is no indication that other appropriate pain modalities have been tried and failed. There is no documentation of a successful 1 month trial period prior to the request for a purchase. There is also no evidence of a treatment plan including the specific short-term and long-term goals of treatment with the TENS unit. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.

1 Rehab Chair for the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets [REDACTED] definition of durable medical equipment. As per the documentation submitted, the patient is status post right knee partial meniscectomy. However, the patient does not demonstrate significant instability upon physical examination. The patient has returned to work under usual and customary duties. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.