

Case Number:	CM13-0049527		
Date Assigned:	12/27/2013	Date of Injury:	03/02/2012
Decision Date:	03/14/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 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 57 year old male who reported an injury on 03/02/2012 due to cumulative trauma while performing normal job duties. The patient reportedly developed pain in the bilateral hands, bilateral knees, the back, and developed migraine headaches. Prior treatments included physical therapy, medications, activity modifications, and epidural steroid injections. The patient's most recent clinical examination findings included trigger points palpated in the lumbar spine, +3 tenderness of the paravertebral musculature, and a positive Kemp's test bilaterally. Physical examination of the left wrist revealed +3 tenderness to palpation with a positive Phalen's sign. Evaluation of the right wrist revealed +3 tenderness to palpation, painful range of motion, and a positive Phalen's test. Evaluation of the left knee revealed +3 tenderness to palpation. Evaluation of the right knee revealed +3 tenderness to palpation with lateral and medial joint line tenderness and a positive McMurray's test. The patient's diagnoses included lumbar musculoligamentous injury, lumbar myospasm, lumbar radiculopathy, left carpal tunnel syndrome left wrist sprain/strain, right carpal tunnel syndrome, right wrist sprain/strain, left knee internal derangement, left knee meniscus tear, left knee sprain/strain, right knee internal derangement, right knee meniscus tear, and right knee sprain/strain. The patient's treatment plan included physical therapy, shockwave therapy, localized intense neurostimulation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the bilateral wrist and hands, lumbar spine and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested 8 physical therapy visits for the bilateral wrists, hands, the lumbar spine, and left knee are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously received physical therapy for work related injuries. California Medical Treatment Utilization Schedule recommends patients be transitioned into a home exercise program to maintain improvements obtained during skilled supervised therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Although 1 to 2 treatments would be considered appropriate to reeducate and reestablish a home exercise program, 8 physical therapy visits would be considered excessive. As such, the requested 8 physical therapy visits for the bilateral wrists and hands, lumbar spine, and left knee are not medically necessary or appropriate

6 electroshock wave therapy treatments for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The requested 6 electric shockwave therapy treatments for the left knee are not medically necessary or appropriate. Official Disability Guidelines state that this type of therapy is considered to be under study. Therefore, it would not be supported by guideline recommendations due to lack of scientific evidence to support the efficacy of this type of treatment. Additionally, the documentation submitted for review fails to provide evidence that the patient has failed to respond to all lesser conservative treatments. As such, the requested 6 electro shockwave therapy treatments for the left knee is not medically necessary or appropriate.

6 LINT sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous neuromodulation therapy (PNT), Page(s): 98.

Decision rationale: The requested 6 LINT sessions for the lumbar spine are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of percutaneous neuromodulation therapy as there is no scientific data to support the efficacy of this type of treatment. Therefore, the 6 LINT sessions for the lumbar spine would not be supported by guideline recommendations. As such, the requested 6 LINT sessions for the lumbar spine are not medically necessary or appropriate.