

Case Number:	CM13-0049910		
Date Assigned:	12/27/2013	Date of Injury:	01/10/2013
Decision Date:	05/28/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/08/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 31 year old female with a date of work injury of 1/10/13. The patient has been unable to work since February 25, 2013. Her diagnoses include cervical, thoracic and lumbar and sacral sprain, lumbar neuritis, knee sprain and knee bursitis, and internal derangement of the knee. The provider is requesting prospective certification of 8 visits of spinal manipulation, electro-muscle stimulation, myofascial release, and mechanical traction, and 1-2 times per week of work conditioning/functional restoration program MRI report of the right knee dated August 12, 2013, indicates grade III patellofemoral and medial compartment chondromalacia with minimal degenerative spurring. There is focal edema in the infrapatellar fat pad along the infrapatellar border of the patella, normal adjacent patellar tendon consistent with Hoffa fat pad impingement syndrome (patellar tendon lateral femoral chondral friction syndrome). There is also patella alta and trochlear dysplasia. There is a normal meniscus, ligaments and tendons are intact. MRI report of the lumbar spine dated August 12, 2013, with the impression disc bulge at L4-5 with incidental note of a cyst in the right adnexa. There is a 9/9/13 primary treating physician progress report that states that the patient has pain in the cervical, thoracic, lumbar and right knee pain. On physical exam there is a positive bilateral shoulder decompression test, positive bilateral maximal foraminal compression test, positive cervical distraction test. There is a positive bilateral Yeoman's test, a positive Kemp's test, a positive right Fabere and a positive right Nachlas test. There is a positive varus and valgus stress test of the right knee. There is a positive Valsalva, Hoover's sign and skin pinch test. There is decreased range of motion in the cervical, lumbar areas and in right knee flexion. The gait remains altered and the patient's movements are slow, deliberate due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 VISITS OF SPINAL MANIPULATION BETWEEN 10/7/13 AND 11/24/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Chiropractic Guidelines, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: Requested 8 visits of spinal manipulation between 10/7/13 and 11/24/13 are not medically necessary per the MTUS guidelines. The guidelines recommend a frequency of 1-2 times per week for 2 weeks and then 1 treatment per week for the next 6 weeks with a maximum duration of 8 weeks. The guidelines state that care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. Per documentation submitted the patient has completed 18 visits of chiropractic care without significant functional improvement or improvement in pain as defined by the MTUS. The request for an additional 8 visits of spinal manipulation between 10/7/13 and 11/24/13 is not medically necessary.

WORK CONDITIONING/FUNCTIONAL RESTORATION PROGRAM 1-2 TIMES PER WEEK BETWEEN 10/7/13 AND 11/24/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

Decision rationale: Work conditioning/functional restoration program 1-2 times per week between 10/7/13 and 11/24/13 is not medically necessary per the MTUS guidelines. The MTUS recommends work conditioning treatment for not longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The patient was certified this request 1-2 times per week between 7/29/13 and 9/19/13 without documented evidence of functional improvement as defined by the MTUS. Without evidence of functional improvement the request for additional work conditioning/functional restoration program 1-2 times per week between 10/7/13 and 11/24/13 is not medically necessary per the MTUS guidelines.

8 VISITS OF ELECTRO-MUSCLE STIMULATION BETWEEN 10/7/13 AND 11/24/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: Requested 8 visits of electro-muscle stimulation between 10/7/13 and 11/24/13 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NMES is used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. The documentation does not indicate evidence of a stroke. The documentation indicates that the patient has had this procedure since at least 2/26/13 without functional improvement. The request for 8 visits of electro-muscle stimulation between 10/7/13 and 11/24/13 is not medically necessary.

8 VISITS OF MYOFASCIAL RELEASE BETWEEN 10/7/13 AND 11/24/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 146,300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: Requested 8 visits of myofascial release between 10/7/13 and 11/24/13 are not medically necessary per the MTUS guidelines. Myofascial release is considered a type of manual medicine. Per documentation submitted the patient has had treatment that included myofascial release since at least 9/9/13. The documentation fails to reveal any evidence of functional improvement or improvement in analgesia. The request for 8 visits of myofascial release between 10/7/13 and 11/24/13 are not medically necessary.

8 VISITS OF MECHANICAL TRACTION BETWEEN 10/7/13 AND 11/24/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173,300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173,300.

Decision rationale: Requested 8 visits of mechanical traction between 10/7/13 and 11/24/13 are not medically necessary per the MTUS guidelines. The patient has had mechanical traction since at least 3/22/13 per documentation submitted without significant improvement in function or pain. The MTUS ACOEM guidelines state that traction is not effective in producing lasting relief in treating low back pain. The guidelines state that the evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is therefore not recommended. Additionally, the ACOEM guidelines state that there is no high grade evidence of the use of a passive modality such as traction and that the emphasis should focus on functional restoration and return of patients to activities of normal daily living. Due to the lack of evidence

for lasting relief in pain and the fact that the patient has had no significant functional improvement or decrease in analgesia per documentation submitted from prior traction, the request for 8 visits of mechanical traction between 10/7/13 and 11/24/13 is not medically necessary.