MAXIMUS Federal Services

Case Number:	CM13-0057703		
Date Assigned:	12/30/2013	Date of Injury:	08/31/2012
Decision Date:	04/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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:

This case involves a 47-year old female with a history of injury on 8/31/12. The patient has a history of a fall on the steps, causing injury to the left arm, left hip, left knee, neck and lower back. She was first evaluated and treated at [redacted] for diagnoses of left arm contusion, cervical/lumbar strain, left knee sprain and left lower leg sprain. The patient had conservative care, but due to persistent symptoms, she was evaluated by orthopedics. She had left knee arthroscopic surgery, with microfracture chondroplasty and debridement on 2/14/13. The patient has had extensive care, including twenty (20) sessions of physical therapy (PT) and six (6) sessions of chiropractic care. The patient is now under the care of a physical medicine and rehabilitation specialist for chronic symptoms. On 11/04/13, the patient was noted to have continued, constant left knee pain while walking. She was also having left shoulder pain, with overhead work. She has ongoing pain at the neck and back as well, but is noted to have been able to return to full time work without any problems. There is no report of new trauma or acute flare, and the patient was returned back to full duty. It is unclear why skilled care with chiropractic is now ordered again. This case was submitted to Utilization Review on 11/19/13, and chiropractic care, functional capacity evaluation (FCE) and interferential (IF) unit were not recommended for certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The Chronic Pain Guidelines support chiropractic treatment as an option early in care for acute injury or for acute flare-ups, but does not support chronic elective/maintenance chiropractic care. In chronic injury, a time limited course may be considered to help facilitate and specific and identified functional/objective goal. In this case, the patient has had extensive treatment, including multiple physical therapy (PT) and chiropractic sessions. She is seen in follow-up without any new injury/trauma or acute flare up. She has returned to full duty. There is no indication for skilled treatment with chiropractic care versus doing a home exercise program (HEP) at this juncture. There is no medical necessity for chronic chiropractic care. Medical necessity for chiropractic therapy is not established.

FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 137-138. Decision based on Non-MTUS Citation ODG Fitness for Duty Chapter: Guidelines for performing an FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 57.

Decision rationale: The MTUS/ACOEM Guidelines support use of the functional capacity evaluation (FCE) when the work capability of the patient is unclear, where use of the evaluation may establish physical abilities and facilitate a return to work. In difficult cases, these studies are used in helping determine the impairment rating. In this case, the patient has already been returned to full duty without restriction and while there are residual symptoms from the injury, she is tolerating full time work without issues. Because of such, medical necessity for a Functional Capacity Evaluation is not established.

INTERFERENTIAL UNIT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Therapy..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy/Interferential Current Stimulation Page(s): 118-119.

Decision rationale: The Chronic Pain Guidelines indicate that Interferential Stimulation units are not recommended as an isolated intervention, but may be appropriate for a trial (defined as 1-month), if the pain is ineffectively controlled by meds due to side effects or diminished effectiveness, if there is a history of substance abuse, if the patient is unresponsive to

conservative measures, or the patient has significant post-op pain and is limited in the ability to perform physical therapy/exercise. In this case, the requesting provider does not provide any clinical details that meet these guideline criteria. Medical necessity is not established for an Interferential Stimulator.