

Case Number:	CM13-0060070		
Date Assigned:	12/30/2013	Date of Injury:	03/03/2006
Decision Date:	05/15/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/02/2013

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 Illinois. 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 36-year-old male who reported an injury on 03/03/2006. The mechanism of injury was not provided in the medical records. The injured worker was noted to have improvement with walking and standing, with remaining pain with deep squatting and difficulty with running or jogging. Recent examination revealed minimal tenderness to the left tibial tubercle region. There was still some noted atrophy and weakness of the left quadriceps and vastus medialis oblique. However, overall, there was good range of motion to the left knee. The injured worker was diagnosed with pain in joint, lower leg. Past medical treatment included physical therapy. Diagnostic studies were not included in the medical records. On 11/18/2013, a request for additional physical therapy for the left knee was made for further strengthening, conditioning, and work type conditioning prior to his return to work as a full duty patrol officer. A request for iontophoresis with physical therapy was also made; however, a rationale for the requested treatment was not provided. A request for a neuromuscular electrical stimulation (NMES) home stimulation unit was made to help promote left quadriceps vastus medialis oblique muscle tone and strength for his home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL LEFT KNEE PHYSICAL THERAPY QTY: 8: 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 Physical Medicine Page(s): 98-99.

Decision rationale: According to the California Guidelines, physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home physical medicine in the condition of myalgia and myositis, unspecified at 9 or 10 visits and neuralgia, neuritis, and radiculitis unspecified at 8 to 10 visits. The documentation submitted for review indicated the injured worker has had previous physical therapy session with functional gains. Given the injured worker underwent surgery in 2012, details regarding previous postoperative physical therapy treatment, such as number of visits completed, duration of treatment, and measurable objective functional gains made throughout postoperative physical therapy would be needed. Given the lack of documentation concerning prior therapy, additional physical therapy is not supported. As such, the request for additional left knee physical therapy QTY: 8 is non certified.

IONTOPHORESIS WITH PHYSICAL THERAPY QTY: 8: 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 (ODG) Knee, Iontophoresis.

Decision rationale: The Official Disability Guidelines further state iontophoresis is an electric current that helps delivery ionically charged substances through the skin to reach deeper tissues. Therefore, it may be indicated for calcific tendinopathy, inflammatory conditions, or hyperhidrosis. Compared with usual care, iontophoresis is associated with improved outcomes in patients with myositis ossificans. Contraindications to use of iontophoresis include allergy or sensitivity to the substance being applied, open wounds, or impaired sensation. Iontophoresis also should not be used in the immediate vicinity of metallic implants, wires, or staples. The documentation submitted for review indicated the request for iontophoresis was to be used during the injured worker's current physical therapy. The Guidelines state it is indicated for calcific tendinopathy, inflammatory conditions, or hyperhidrosis. The documentation failed to provide evidence of the need for iontophoresis during physical therapy. Additionally, the documentation failed to provide evidence that the injured worker is currently participating in physical therapy. Therefore, the request is not supported. Given the above, the request for Iontophoresis with physical therapy QTY: 8 is non-certified.

NMES (NEUROSMUSCULAR ELECTRICAL STIMULATION) HOME STIMULATION UNIT: 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 Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to the California MTUS Guidelines, neuromuscular electrical stimulation (NMES) devices are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range of motion, and reeducate muscles. Functional neuromuscular stimulation attempts to replace stimuli from destroyed nerve pathways with computer controlled sequential electrical stimulation of muscles to enable spinal cord injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. The documentation submitted for review indicated the request for a neuromuscular electrical stimulation unit was to help promote left quadriceps VMO muscle tone and strength for his home exercise program. The Guidelines state the use of an NMES device is also used to stimulate quadriceps muscles following major knee surgeries; however, the last surgical procedure was noted to be 07/11/2012. The Guidelines also note it is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Per the provided documentation it did not appear the patient would be utilizing NMES post stroke. Given the above, the request for NMES (neuromuscular electrical stimulation) home stimulation unit is non-certified.