

Case Number:	CM13-0065468		
Date Assigned:	01/03/2014	Date of Injury:	06/13/1996
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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 & 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:

The injured worker is a 71 year-old female who reported an injury on 06/03/1996 and the mechanism of injury was from a fall. The current diagnoses include cervical radiculopathy, postlaminectomy lumbar syndrome, cervical degenerative disc disease, fibromyositis, limb painknee, low back pain, and thoracic pain. The injured worker continues to have chronic pain in her neck, back and right knee. Prior surgeries include a posterior lumbar fusion at the L3-L5 in 2003. The clinical note from 1/14/2014 indicted that the injured worker complained of pain to the low back which was noted as 1-3/10 and neck pain at 5/10. It is indicated that the injured worker had received a previous injection that she noted a 50% improvement with her back pain. The physical examination of the lumbar spine the range of motion was 20 degrees with extension with pain and 30 degrees bilateral rotation with pain in ribs and stiffness. The spine palpation indicated low line floating ribs that are causing pain on the left, positive midline tenderness and upper sacral tenderness. The straight leg test was positive at 45 degrees. She was instructed to continue her back stretching and strengthening exercise to increase her mobility. The recommendation included a DDS 500 lumbar back brace to reduce the mobility of her trunk and reduce pain. He also recommended physical therapy to the bilateral knees times six visits. There was no clinical documentation provided to indicate why the physical therapy was needed to her bilateral knees. The current request dated 11/20/2013 is for DDS 500 lumbar brace physical therapy to the bilateral knees, six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

DDS 500 LUMBAR BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The physician indicated the reason for recommending the brace to reduce the mobility of the trunk and reduce the patient's pain. However, the guidelines do not support the use of a lumbar brace beyond the acute phase of symptom relief, the requested brace is not supported. The request for DDS 500 lumbar brace is not medically necessary and appropriate.

SIX VISITS OF PHYSICAL THERAPY TO THE BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter

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

Decision rationale: The California MTUS Guidelines indicate for physical therapy allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guideline recommendations for myalgia and myositis are 9-10 visits over 8 weeks and neuralgia, neuritis, and radiculitis 8-10 visits over 4 weeks. The clinical documentation did not provide a comprehensive assessment of treatment the injured worker had completed and the injured worker's response to the treatment. There were no specific time limited treatment goals provided or a current detailed physical examination of the bilateral knees submitted for review. It also fails to indicate if the injured worker is participating in a home exercise program to help with her knees. The request for six physical therapy visits to the bilateral knees is not medically necessary and appropriate.