

<b>Case Number:</b>	CM13-0070170		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	02/24/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 23-year-old female with date of injury of 02/24/2013. The listed diagnoses per [REDACTED] dated 11/13/2013 are: 1. Lumbar myofascial sprain/strain. 2. Knee contusion. 3. Knee chondromalacia patella. 4. Late effect of contusion. 5. Late effect of sprain without tendon injury. 6. Status post left knee surgery, 06/15/2013. According to the report, the patient complains of low back pain radiating down the left leg and left knee pain. There is numbness and tingling in the left foot and toes. Pain is aggravated with bending, standing, walking, and lying flat on her back. Pain is improved with medications. The patient currently rates her low back pain a 9/10. The patient also complains of constant left knee pain with radiating symptoms to the foot with numbness and tingling in the knee. She rates her knee pain 8/10. The physical examination shows the patient's gait is antalgic. She ambulates with the use of a crutch. There is tenderness to palpation on the lateral joint line of the left anterior knee. Neurologic test of the lower extremities is intact to light touch and pinprick. The utilization review denied the request on 12/19/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2-3/WK X 4-6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

**Decision rationale:** This patient presents with back and left knee pain. The treating physician is requesting 18 physical therapy sessions for the lumbar spine and left knee. This patient is also status post left knee surgery from 06/15/2013, and postoperative physical therapy guidelines would not apply. For a number of therapy treatments outside of postoperative period, the MTUS Guidelines page 98 and 99 for physical medicine recommend 8 to 10 visit for myalgia, myositis, and neuralgia-type symptoms. The treating physician referenced on his report that the patient has received a total of 12 sessions of physical therapy; however, therapy reports were not made available for review to verify how many treatments and with what results were attained. In this case, the requested 18 combined with the previous 12 exceeds MTUS recommendations. Furthermore, there is no reason why the patient would not be able to start a home exercise program to improve flexibility and strength. The request is not medically necessary and appropriate.

**VOLTAREN GEL:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

**Decision rationale:** This patient presents with low back pain radiating down the left leg and left knee pain. The treating physician is requesting Voltaren gel. The MTUS Guidelines page 111 on topical analgesic state that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is indicated for relief of osteoarthritis pain and joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Topical NSAIDs also has not been evaluated for treatment of the spine, hip, or shoulder. In this case, the patient suffers from chronic knee pain and likely has tendinitis and/or arthritic pain along with chondromalacia. The request is medically necessary and appropriate.

**SHOWER CHAIR:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG). Additionally, (ODG) Official Disability Guidelines/Integrated Treatment Guidelines-Disability Duration Guidelines (DDG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment.

**Decision rationale:** This patient presents with low back pain radiating to the leg and left knee pain. The treater is requesting a shower chair. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under durable medical equipment recommend: 1. DME is given if it can withstand repeated use. 2. Primarily and customarily used to serve a medical purpose. 3. Generally, it is not useful to a person in the absence of illness or injury. 4. Appropriate for use in the patient's home. The progress report dated 11/13/2013 documents that the patient reports difficulty with physical activities including standing, sitting, walking, and going up and down the stairs. However, she denies any difficulty with self-care. In this case, the patient does report difficulty with physical activity and is requesting a shower chair to assist with shower needs. The request is medically necessary and appropriate.