

Case Number:	CM14-0000081		
Date Assigned:	01/10/2014	Date of Injury:	06/13/2009
Decision Date:	06/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/31/2013

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:

The claimant is a 54 year old female who reported injury on 06/13/2009. The mechanism of injury was the injured worker was cumulative trauma. The documentation of 11/19/2013 revealed that the injured worker had decreased range of motion in the left knee. The left knee had 4/5 knee extension strength. The diagnosis included status post left knee total replacement. The treatment plan included immediate aggressive flexion and physical therapy, and Ultram for breakthrough pain when anti-inflammatories are insufficient.

IMR ISSUES, DECISIONS AND RATIONALES

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

E-STIM, LEFT KNEE QTY: 16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Transcutaneous Electrotherapy, Page(s): 114.

Decision rationale: The California MTUS Guidelines indicate that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain . However, the request as submitted failed to indicate the type of therapy being requested. Neuromuscular eletrotherapy is not supported, while other therapies may be supported.

Therefore, the request for E-Stim, for the left knee, quantity 16, is not medically necessary and appropriate.

STRAPPING OF KNEE, LEFT KNEE QTY: 16: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Strapping.

Decision rationale: The California MTUS Guidelines do not address strapping. The Official Disability Guidelines indicate that strapping is recommended to improve composite function measures. However, in this case, there is a lack of documentation indicating a necessity for 16 sessions of strapping. Therefore, the request for strapping of the left knee, 16, is not medically necessary and appropriate.

MYOFASCIAL RELEASE, LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 339.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend massage therapy when utilized as an adjunct to other treatment. It should be limited to 4 to 6 visits in most cases. The clinical documentation submitted for review failed to provide the number of sessions being requested. There was no DWC Form request for authorization with the requested therapy. Furthermore, there was a lack of documentation indicating the quantity of sessions being requested. The request for myofascial release for the left knee is not medically necessary and appropriate.