MAXIMUS Federal Services

Case Number:	CM14-0001309		
Date Assigned:	01/22/2014	Date of Injury:	11/25/2010
Decision Date:	06/10/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/03/2014

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 43-year-old female who reported an injury on 11/25/2010 secondary to unknown mechanism of injury. The injured worker was evaluated on 10/23/2013 for reports of continued knee pain, headache, neck pain and stiffness. The exam noted tenderness to palpation over the knee, 0-110 range of motion, tenderness to palpation over the cervical region and trapezius, trigger points to the trapezius, sub occipital tenderness, positive shoulder pressure and cervical spine range of motion at 90%. The diagnoses included sprains and strains of the lumbar, knee and cervical region, meniscal tear, chondromalacia patellae, chondromalacia, and carpal tunnel syndrome. The treatment plan included a home exercise kit, an electrical muscular stimulator to aid the injured worker in becoming more independent, helping with her own care, strengthening, to reduce pain and increase circulation and functional capacity. It also included a work hardening program to aid the injured worker in strengthening and increasing functional capacity. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME EXERCISE KIT: 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 Section Exercise Page(s): 46-47.

Decision rationale: The California MTUS Guidelines recommend exercise. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. However, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There is a lack of significant clinical evidence of the type of home exercise kit being requested. Therefore, the request is non-certified.

ELECTRICAL MUSCULAR STIMULATOR (EMS) UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section TENS, chronic pain (transcutaneous electrical nerve stimul.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: The request for electrical muscular stimulator (EMS) unit is non-certified. The California MTUS Guidelines do not recommended the use of EMS units for chronic pain. 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 is a significant lack of clinical evidence of a diagnosis of stroke. In addition, the request does not include duration of the proposed unit. Therefore, the request is non-certified.

WORK HARDENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Work hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Work hardening Page(s): 125.

Decision rationale: The request for work hardening is non-certified. The California MTUS Guidelines recommend work hardening programs for injured workers with a musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An functional capacity evaluation (FCE) may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). There is a significant lack of evidence that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement in the documentation provided. In addition, the request does not include a duration or frequency of the proposed program. Therefore, based on the documentation provided, the request is non-certified.