

Case Number:	CM14-0106125		
Date Assigned:	07/30/2014	Date of Injury:	10/16/2013
Decision Date:	09/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 injured worker is a 58-year-old female who reported an injury on 10/16/2013. The mechanism of injury was a slip and fall. Diagnoses included left knee sprain, chondromalacia patella, and left wrist sprain/strain. Her treatments included EMG, medication, aquatic therapy, MRI. Within the clinical note dated 05/16/2014, it was reported the injured worker complained of left knee pain, stiffness, weakness. The injured worker reported popping the knee. The injured worker rated their pain 6/10 to 7/10 in severity. The injured worker described their pain as sharp and constant. Upon the physical examination, the provider noted tenderness to the paraspinal muscles. Clinical documentation submitted was largely illegible. The request submitted was for physical therapy, interferential unit; however, a rationale was not provided for clinical review. Request for Authorization was submitted and dated 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The request for physical therapy 2 times a week for 3 weeks is non-certified. The injured worker complained of left knee pain with stiffness and weakness and popping. The injured worker rated their pain at 6/10 to 7/10 in severity. California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation, including an adequate and complete physical exam demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. Therefore, the request is non-certified.

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The request for interferential unit is non-certified. The injured worker complained of left knee pain with stiffness, weakness, and popping. The injured worker rated their pain 6/10 to 7/10 in severity. The California MTUS Guidelines do not recommend an Interferential Unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with the recommended treatments, including return to work, exercise, medications, and limited evidence of improvement on those recommended treatments alone. It may possibly be appropriate for the following conditions if documented: that pain is ineffectively controlled due to diminished effectiveness of medication, pain is ineffectively controlled with medications due to side effects, and there is a history of substance abuse, significant pain from postoperative conditions which limits the ability to perform exercise program/physical therapy treatment, unresponsiveness to conservative measures. There is a lack of evidence in the documentation provided that would reflect diminished effectiveness of medications, a history of substance abuse, or any appropriate conditions which would limit the injured worker's ability to perform exercise program/physical therapy treatments. There is lack of documentation indicating if the injured worker is unresponsive to conservative measures. The requesting physician did not include an adequate and complete assessment of the injured worker's objective functional condition in which would demonstrate deficits needing to be addressed, as well as establish a baseline by which to assess objective functional improvement over the course of therapy. Therefore, the request is non-certified.