

Case Number:	CM14-0011175		
Date Assigned:	02/21/2014	Date of Injury:	02/08/2013
Decision Date:	08/11/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 42-year-old female who has filed a claim for status post left patella fracture associated with an industrial injury date of February 08, 2013. Latest progress note submitted was from July 2013. As per utilization review dated January 20, 2014, there was increasing left hip and low back pain with deteriorating gait. Findings include slightly decreased left knee range of motion, odd gait, and irritable hip. Treatment to date has included opioids, H-wave, psychiatric care, and left knee surgeries with extensive post-operative physical therapy. Utilization review from January 20, 2014 denied the requests for physical therapy 2x6 for left knee, hip, and back as there was no documentation of functional improvement with prior sessions, and the patient reported non-compliance with home exercise program; medicine ball and back roller as the patient notes being tired after work and not having energy to do home exercises; acupuncture as there is no documentation of intolerance to or decrease in pain medications; and H-wave as there was no documentation of failure of TENS, or significant improvement with prior H-wave use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR LEFT KNEE, HIP, AND BACK: Upheld

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

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

Decision rationale: On page 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. According to CA MTUS Post-Surgical Treatment Guidelines, recommended post-surgical treatment for fracture of patella is 10 visits over 8 weeks, and 20 visits over 4 months for MUA. This patient has had 48 post-operative physical therapy sessions after ORIF, and 24 after MUA and hardware removal. There was no documentation of these sessions, especially of the functional benefits derived. Also, the limited progress notes do not indicate the patient's current condition, or the expected functional gains from additional physical therapy. Therefore, the request for physical therapy 2x6 for left knee, hip, and back was not medically necessary.

MEDICINE BALL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicates that exercise is recommended. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. In this case, the limited progress notes do not indicate the patient's current home exercise regimen, or the necessity for a medicine ball. Previous utilization review noted that the patient is not compliant with home exercise program. There is no guideline recommendation specifically discussing a medicine ball. Therefore, the request for medicine ball was not medically necessary.

BACK ROLLER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicates that exercise is recommended. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. In this case, the limited progress notes do not indicate the patient's current home exercise regimen, or the necessity for a back roller. Previous utilization review noted that the patient is not compliant with home exercise

program. There is no guideline recommendation specifically discussing a back roller. Therefore, the request for back roller was not medically necessary.

ACUPUNCTURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function chapter, page 114.

Decision rationale: As noted on page 114 of the California MTUS ACOEM Guidelines, they stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Functional improvement should be observed within 3-6 treatments, with treatments rendered 1 to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, there is no documentation regarding reduced medication intake or intolerance to medications. Also, the requested body part and acupuncture regimen is not indicated. Therefore, the request for acupuncture was not medically necessary.

H WAVE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines pages 117-118, H-wave therapy is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). This patient has had a trial of H-wave therapy, with some help. However, there is no documentation regarding failure of conservative management or use of TENS. Also, the request does not indicate the duration of use of H-wave. Therefore, the request for H-wave was not medically necessary.