

Case Number:	CM14-0019141		
Date Assigned:	04/23/2014	Date of Injury:	10/26/2009
Decision Date:	07/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/14/2014

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, 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 case involves a 44 year-old male who was injured on 10/26/09. He has been diagnosed with a right knee injury and s/p lumbar fusion. According to the 1/20/14 neurosurgery report from [REDACTED], the patient presents with a flare up of right knee pain when it gave out and he fell and broke a toe. The exam was unchanged since last seen in November 2013. The plan was for PT 2-3x per week for 8 weeks; acupuncture; home care; an elliptical trainer; an Ab coaster; referral to [REDACTED]; Botox for the lumbar spine; and medication refills. On 1/28/14 UR recommended non-certification for PT 3x6; Botox for the lower back; Acupuncture unknown frequency/duration; an Elliptical trainer; and an Ab coaster.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This is an incomplete prescription for acupuncture. The duration and frequency were not listed. Without the duration and frequency, it cannot be compared to the

recommended duration and frequency provided in the MTUS/acupuncture treatment guidelines. Therefore, the request as written is not medically necessary.

CONTINUE PHYSICAL THERAPY TO THE RIGHT KNEE AND LUMBAR THREE (3) TIMES PER WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The MTUS guidelines allow for up to 8-10 sessions of PT for various myalgias and neuralgias. The request for 18 sessions of PT will exceed the MTUS recommendations. Therefore, the request is not medically necessary.

BOTOX INJECTION TO LEFT LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

Decision rationale: MTUS states Botulinum toxin is not generally recommended for chronic pain disorders. MTUS states it can be for chronic low back pain if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. There is no indication the patient has a favorable initial response, and no mention of the patient participating in a functional restoration program. The requested Botox injections for the back are not in accordance with MTUS guidelines.

ELLIPTICAL TRAINER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter For Exercise Equipment, DME Equipment.

Decision rationale: This is exercise equipment and does not meet the definition of DME. ODG guidelines state exercise is not primarily medical in nature. MTUS guidelines on exercise states there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The physician has not provided a rationale for the elliptical machine. The request for the Elliptical trainer is not in accordance with MTUS or ODG guidelines.

AB COASTER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter For Exercise Equipment, DME Equipment.

Decision rationale: This is exercise equipment and does not meet the definition of DME. ODG guidelines state exercise is not primarily medical in nature. MTUS guidelines on exercise states there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The physician has not provided a rationale for the Ab Coaster. The request for the Ab Coaster is not in accordance with MTUS or ODG guidelines.