

Case Number:	CM14-0138154		
Date Assigned:	09/05/2014	Date of Injury:	02/03/2012
Decision Date:	10/08/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/25/2014

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 02/03/2012 due to an unknown mechanism. Diagnoses were chondromalacia patella, right knee, lumbosacral sprain/strain, and "radiculopathy L2?" Past treatments were physical therapy and a TENS unit. Diagnostic studies were MRI of the cervical spine, lumbar spine, and right knee. The MRI for the right knee revealed chondromalacia. Surgical history was not reported. The injured worker had a physical examination on 07/14/2014 that revealed complaints of persistent right knee pain. She also had complaints of low back pain. Examination of the lumbar spine revealed muscle spasms and palpable tenderness over the lumbar spinous processes from the L1-S1, over the left posterior superior iliac spine, left sacroiliac joint, and left iliac crest. There was tenderness to palpation over the bilateral lumbar paravertebral musculature. Range of motion of the lumbosacral spine elicited complaints of increased back pain on extremes of motion. Medications were not reported. Treatment plan was for physical therapy and surgical intervention. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), Transcutaneous.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS; NMES; Interferential Current Stimulation Page(s): 114-116; 121; 118.

Decision rationale: The decision for TENS Unit is not medically necessary. The California Medical Treatment Utilization Schedule recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. They do not recommend interferential current stimulation (ICS) as an isolated intervention. The injured worker had use of a TENS unit for 1 month. Functional improvement and measurable gains from using this unit were not reported. The clinical documentation submitted for review does not provide evidence that the injured worker had any type of functional improvement. Therefore, this request of TENS Unit is not medically necessary.

Physical therapy three (3) times per week for four (4) to (6) weeks: Upheld

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

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

Decision rationale: The decision for Physical therapy three (3) times per week for four (4) to (6) weeks is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate at healing soft tissue issues. Treatment is recommended with the maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The injured worker had a previous course of physical therapy with no functional improvement reported from this physical therapy. Therefore, the request of Physical therapy three (3) times per week for four (4) to (6) weeks is not medically necessary and appropriate.

Lumbar-Sacral Orthosis (LSO) brace for back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Lumbar Supports

Decision rationale: The California ACOEM states lumbar supports are not recommended for prevention. They are recommended as an option for treatment. They are recommended for

compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low quality evidence, but may be a conservative option). The Official Disability Guidelines states they are also for the treatment of nonspecific low back pain, compared with no lumbar support, and elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analog scale) and at improving functional capacity. However, evidence is weak (very low quality evidence). The VAS of pain was not reported for the injured worker. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high quality studies. The medical guidelines do not support the use of Lumbar supports. Therefore, the request of Lumbar-Sacral Orthosis (LSO) brace for back is not medically necessary and appropriate.

Knee brace for knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: ACOEM Guidelines state a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. There was not a physical examination on the injured worker's knee. The VAS for pain was not reported, also range of motion. It was not reported if the injured worker was going to be stressing the knee, such as carrying heavy loads or climbing ladders. Therefore, the request Knee brace for knee is not medically necessary and appropriate.