

Case Number:	CM14-0138740		
Date Assigned:	09/12/2014	Date of Injury:	02/16/1988
Decision Date:	10/06/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/27/2014

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 Occupational Medicine, 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:

This patient is a 74 y/o female who has developed chronic problems involving her spine, shoulders and knees. The DOI is 2/16/88. She experiences pain that is scaled 6-8/10 VAS scores. There were 12 sessions of physical therapy completed in early '14 and a trial of an elite seat knee extension device was completed. Her knee ROM does not demonstrate any extension contracture with extension noted to be -10 deg bilaterally. There is no documentation of any spinal instability or fractures. Neurologic exam is negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions, three times a week for four 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): 99.

Decision rationale: MTUS Guidelines recommend up to 8-10 sessions as sufficient for most chronic painful myofascial conditions, with the recommendation that a home program be instituted. It is documented that 12 sessions of physical therapy were recently completed and

there is no documentation of unusual circumstances to justify an exception to Guideline recommendations. The request for 12 sessions of physical therapy is not medically necessary.

Continuation of elite seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg chapter, Static progressive stretch (SPS) therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Static Progressive Stretch Therapy, and on the Non-MTUS <http://www.kneebourne.com/eliteseat.html>

Decision rationale: MTUS Guidelines do not address this device, but ODG Guidelines address this type of device and recommend up to 8 weeks use for contractures secondary to scarring and/or post surgical release. This particular device is for extension contractures, which are not documented to be present in this patients knee(s). The continuation of the elite seat is not medically necessary.

Corset back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Guidelines, Low Back Chapter (2008), Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports

Decision rationale: MTUS Guidelines do not support the use of lumbar bracing for chronic low back pain. ODG Guidelines include additional details and do not support bracing unless there is a demonstrated instability such as fracture, post surgical or a listhesis. None of these conditions are documented. The lumbar corset is not medically necessary.