MAXIMUS Federal Services

Case Number:	CM14-0183060		
Date Assigned:	11/07/2014	Date of Injury:	05/21/2014
Decision Date:	12/18/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for knee pain reportedly associated with an industrial injury of May 21, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and several months off of work. In a Utilization Review Report dated October 21, 2014, the claims administrator denied a CT scan of the right knee, denied a one-month trial of a TENS unit, denied a heating pad, and denied chiropractic manipulative therapy with associated infrared therapy, myofascial release therapy, and electrical stimulation. The claims administrator employed non-MTUS ODG Guidelines to deny the requested CT scan of the knee, it is incidentally noted. The claims administrator stated that its denial was based on a Request for Authorization (RFA) form dated October 8, 2014. The applicant's attorney subsequently appealed. In a handwritten progress note dated September 22, 2014, the applicant reported ongoing complaints of knee pain, constant, throbbing, with associated weakness, numbness, and tingling. The applicant was placed off of work, on total temporary disability, for an additional six weeks. The applicant was asked to continue chiropractic manipulative therapy, myofascial release therapy, and infrared therapy once a month. CT scan of the right knee, a heating unit, and a TENS unit were sought. The note was sparse, handwritten, and very difficult to follow.The applicant was placed off of work via an earlier progress note dated August 27, 2014 owing to ongoing complaints of constant, throbbing, knee pain at that point in time. X-ray imaging of the knee, a knee support, a CT scan, multiple other modalities, including chiropractic manipulative therapy, were also sought. In an earlier Request for Authorization (RFA) form dated June 20, 2014, multiple modalities, including chiropractic manipulative therapy, infrared therapy, myofascial release therapy, electrical muscle stimulation, x-rays of the knee, MRI imaging of the knee, and an orthopedic evaluation were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 348.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Algorithm 13-1, page 348 does note that spiral CT imaging of the knee can be employed to help confirm a diagnosis of occult fracture in applicants who have had prior negative plain film radiographs, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clearly stated how the proposed CT scan of the knee would influence or alter the treatment plan. The attending provider's handwritten progress notes contained little to no narrative commentary and did not contain any specific rationale which would augment the request at hand. Therefore, the request is not medically necessary.

One month trial of TENS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Physical Medicine topic. Page(s): 98, 116.

Decision rationale: While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a TENS unit can be employed on a one-month trial basis in applicants with chronic intractable pain of greater than three months' duration that has proven recalcitrant to other appropriate pain modalities, including pain medications, this recommendation is, however, qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that passive modalities such as TENS should be employed "sparingly" during the chronic pain phase of a claim. In this case, however, the attending provider's concurrent pursuit of multiple passive modalities, including chiropractic manipulative therapy, infrared therapy, myofascial release therapy, TENS, etc., thus, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.

Heating pad: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: The applicant's primary pain generator is the knee. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-3, page 338, at-home applications of heat packs is "recommended" as a method of symptom control for knee complaints. The heating pad at issue, thus, is a simple, low-tech, at-home application of heat therapy which does conform to ACOEM parameters. Therefore, the request is medically necessary.

Chiropractic manipulative therapy, infrared, myofascial release and electric stim, 1 time per month for one month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Physical Medicine Page(s): 58, 98.

Decision rationale: The applicant's primary pain generator, as noted previously, is the knee, a body part for which chiropractic manipulative therapy is deemed "not recommended," per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Here, however, the attending provider's concurrent pursuit of multiple passive modalities, including a TENS unit, infrared therapy, myofascial release therapy, manipulative therapy, electrical stimulation, etc., thus, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.