

Case Number:	CM14-0029651		
Date Assigned:	04/09/2014	Date of Injury:	11/02/2012
Decision Date:	05/08/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 61-year-old female who reported an injury on 11/02/2012. The mechanism of injury was not provided. Current diagnoses include right knee medial meniscus tear, left knee medial meniscus tear, spondylolisthesis at L4 and L5, status post remote left knee surgery, bilateral carpal tunnel syndrome, left shoulder rotator cuff tendinopathy with impingement and AC joint osteoarthropathy, and right shoulder impingement syndrome. The injured worker was evaluated on 12/18/2013. The injured worker reported persistent pain in bilateral knees, lower back, and right shoulder. Physical examination revealed tenderness of the right knee with spasm in the lumboparaspinal musculature. Treatment recommendations included additional physical therapy twice per week for 4 weeks and a TENS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT KNEE:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no documentation of this injured worker's previous participation in physical therapy. Without evidence of objective functional improvement following the initial course of therapy, ongoing treatment cannot be determined as medically appropriate. Additionally, the injured worker's physical examination only revealed tenderness to palpation. Based on the clinical information received, the request is non-certified

60 DAYS TRIAL TENS UNIT FOR THE RIGHT KNEE/LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered a non-invasive conservative option. The current request for a 60-day trial exceeds guideline recommendations. Therefore, the request is not medically appropriate. As such, the request is non-certified.