

Case Number:	CM14-0038059		
Date Assigned:	06/25/2014	Date of Injury:	02/17/2014
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 Guidelines, 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 patient is a 28-year-old female with a date of injury of 02/17/2014. The listed diagnoses per [REDACTED] dated 03/10/2014 are: 1. Lumbar sprain. 2. Thoracic or lumbosacral neuritis or radiculitis. 3. Tenosynovitis of hands and wrist. 4. Pain joint involving hands. 5. Internal derangement of the knees. 6. Difficulty in walking. According to this report, the patient complains of pain in her wrist that is constant sharp radiating into the fingers and thumb. The patient has cramping and weakness and has dropped objects because of the weakness. The patient also reports become easily fatigued and awakened at night secondary to pain and numbness involving the fingers of both hands. The patient also complains of numbness of the hands with repetitive use. She also complains of pain in her low back that is constant moderate pain in the lumbar spine pointing to the lower part of her back. The pain is described as deep pain and aggravated by movement into certain positions. She has more pain with sitting and driving. It is also made worse with lying down and has difficulty getting back up. The patient also complains of knee pain that is constant sharp, aching in both knees that feels like the knees are bruised. The pain is mainly localized at the lateral aspect of the knee cap. The knees are very sensitive to touch. She notes increased pain and marked difficulty with attempts ascending and descending the stairs. She states that both knees give way, and she notes a cracking sound while walking. The patient notes that she is currently taking ibuprofen for pain and finds it very helpful. The objective finding shows the patient ambulates normally and is noted to be overweight. Palpation reveals nonspecific tenderness in both hands and wrists. Mid carpal instability test is negative on both wrists. Phalen's test, Tinel's signs, and Finkelstein's test reveal pain on both wrists. Range of

motion is within normal limits. Compression test reveals pain in both sides of the lumbar spine. Palpation of the lumbar spine reveals slight paraspinal tenderness bilaterally at T12-L1, L1-L2, L2-L3, L3-L4, L4-L5, L5-S1, and S1. Palpation reveals nonspecific tenderness in both knees. There is slight tenderness at the medial parapatellar and lateral parapatellar on the right. McMurray's test with anterior rotation and McMurray's test with exterior rotation reveal pain in both knees. The utilization review denied the request on 03/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 4 weeks for the back/knees/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Manipulation.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines MTUS under its chronic pain section has the following regarding manual therapy and treatments: (pages 58-59).

Decision rationale: This patient presents with low back, knee, and wrist pain. The provider is requesting 8 chiropractic therapy visits for the back, knees, and wrist. The MTUS Guidelines page 58 and 59 on manual therapy and manipulation states, "Recommended for chronic pain if caused by musculoskeletal conditions. Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks." However, MTUS also states that it is not recommended for the forearm, wrists, and hands. In this case, the MTUS Guidelines do not recommend chiropractic treatments for the wrists. Furthermore, the requested 8 sessions exceeds MTUS recommendations of 6 initial visits over 2 weeks. The request is deemed not medically necessary.

Traction therapy 2 times a week for three weeks for the back/knees/wrist: 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)- Traction.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Citation: Official Disability Guidelines (ODG) ODG-twc guidelines has the following regarding traction in lumbar spine: (http://www.odg-twc.com/odgtwc/low_back).

Decision rationale: This patient presents with low back, knee, and wrist pain. The provider is requesting traction therapy 2 times a week for 3 weeks for the back/knees/wrists. The ACOEM Guidelines page 300 states the following regarding the lumbar traction, "Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." Furthermore, ODG states that traction has not been proved effective for lasting relief in the treatment of low back pain, traction is the use of force that separates the joint surfaces and elongates the surroundings of tissues. In this case, traction therapy is not recommended by ACOEM and ODG Guidelines. The request is not medically necessary.

Electrical Stimulation therapy 2 times a week for 3 weeks for the back/knees/wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines Neuromuscular electrical stimulation (NMES devices), page 121.

Decision rationale: This patient presents with low back, knees, and wrist pain. The provider is requesting electrical stimulation therapy 2 times a week for 3 weeks for the back/knees/wrists. The MTUS Guidelines page 121 on neuromuscular electrical stimulation states that it is not recommended. NMES is used primarily as part of her rehabilitation program following stroke and there is no evidence to support its use for chronic pain. In addition, there is no intervention trial suggesting benefit from NMES for chronic pain. In this case, MTUS does not recommend NMES for the treatment of chronic pain. MTUS supports TENS, H-wave, IF units for various diagnoses and clinical situations. The request is not medically necessary.

Infrared therapy 2 times a week for 3 weeks for the back/knees/wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Citation: Official Disability Guidelines (ODG) Not recommended over other heat therapies.

Decision rationale: This patient presents with low back, knee, and wrist pain. The provider is requesting infrared therapy 2 times a week for 3 weeks for the back/knees/wrists. The MTUS and ACOEM Guidelines do not address this request however, ODG on infrared therapy states that it is not recommended over other heat therapies. Providers may consider limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care. In this case, the provider does not specify why deep heating is recommended over other heat therapies. The request is not medically necessary.

Myofascial release/soft tissue therapy 2 times a week for 3 weeks for the back/knees/wrist: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Massage Therapy, page 60.

Decision rationale: This patient presents with low back, knees, and wrist pain. The provider is requesting myofascial release/soft tissue therapy 2 times a week for 3 weeks for the back/knees/wrist. The MTUS Guidelines states page 60 on massage therapy state that this treatment is recommended as an adjunct to other recommended treatments including exercise and it should be limited to 4 to 6 visits in most cases. Myofascial release is a soft tissue therapy for the treatment of musculoskeletal immobility and pain which aims to relax contracted muscles, improve blood and lymphatic circulation, and stimulate the stretch reflexes in muscles. In addition, massage is a passive intervention and treatment dependence should be avoided. The

review of records showed that the patient has not had any myofascial release or massage therapy visits in the past. Given the patient's multiple areas of pain, the patient can benefit from a trial of myofascial release/soft tissue therapy and the requested 6 visits is within the MTUS Guidelines. This request is medically necessary.