MAXIMUS Federal Services

Case Number:	CM14-0043914		
Date Assigned:	07/02/2014	Date of Injury:	04/15/2013
Decision Date:	09/05/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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 and is licensed to practice in Califronia. 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 34-year-old female who reported an injury on 04/15/2013. The mechanism of injury involved repetitive heavy lifting. The current diagnoses include bilateral hand sprain, bilateral shoulder sprain, cervical spine sprain with radiculopathy and lumbar spine sprain with radiculopathy. The injured worker was evaluated on 05/08/2013 with complaints of persistent pain over multiple areas of the body. Physical examination revealed tenderness to palpation over the cervical and lumbar spine, tenderness to palpation of the lower extremity, positive impingement testing, and 5/5 motor strength. Treatment recommendations included physical therapy and chiropractic treatment twice per week for 6 weeks, a Functional Capacity Evaluation, extracorporeal shockwave therapy, a TENS-EMS unit, and acupuncture once per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve chiropractic treatment to include traction, electrical stimulation, infrared and myofascial release/soft tissue mobilization.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 58 Page(s): 58.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a musculoskeletal condition. Treatment is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.

6 acupuncture treatment s to include electro acupuncture, infrared, cupping and myofascial release/soft tissue mobilization.: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a musculoskeletal condition. Treatment is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.

One 240gm compound (flurbiprofen 30%, Methyl salicyulate 4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesic, Compunds.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 111-113 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a musculoskeletal condition. Treatment is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.

One refill 240gm compound (flurbiprofen 30%, Tramadol 20%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesics: Compounds.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 111-113 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended as a whole. The only

FDA-approved topical NSAID is Diclofenac. Therefore, the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Extracorporeal shock wave therapy (ESWT): 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 (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physical modalities have no scientifically proven efficacy in treating acute knee symptoms. The Official Disability Guidelines state extracorporeal shockwave therapy is currently under study for patellar tendinopathy and long bone hypertrophic nonunions. The injured worker does not maintain either of the above-mentioned diagnoses. There was no specific body part or total duration of treatment listed in the current request. As such, the request is not medically necessary.

One left knee magnetic resonance imaging (MRI).: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the left knee. There is also no mention of an exhaustion of conservative treatment prior to the request for an imaging study. The medical necessity has not been established. Therefore, the request is not medically necessary.

One orthopedic referral, left knee.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular

cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the physical examination is handwritten and mostly illegible. There is no documentation of a significant musculoskeletal or neurological deficit. There were no plain films submitted prior to the request for an orthopedic referral. There is no mention of an attempt at conservative treatment for the left knee prior to the request for an orthopedic referral. As the medical necessity has not been established, the request is not medically necessary.