

Case Number:	CM14-0052872		
Date Assigned:	08/08/2014	Date of Injury:	04/01/2013
Decision Date:	09/18/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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 low back and knee pain reportedly associated with an industrial injury of April 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 10, 2014, the claims administrator approved a referral to a physician for medications, partially certified or approved with modification request for traction, massage therapy, therapeutic exercise, procedures involving computerized equipment, and infrared therapy, and denied request for lumbar MRI imaging, knee MRI imaging, back brace, knee support, functional capacity evaluation, myofascial release, unattended electrical stimulation, a paraffin bath, ultrasound therapy, and electrodiagnostic testing. The claims administrator stated that there was no clear record or log of what treatment or treatments had transpired to date. The applicant's attorney subsequently appealed. In a psychiatric medical-legal evaluation of November 22, 2013, the applicant was described as having a variety of issues with depression, anxiety, and insomnia, which she attributed to sexual harassment by her former employer. The applicant's Global Assessment of Functioning (GAF) was 54, it was stated. The applicant was not working, it was suggested. In a handwritten Doctor's First Report dated March 16, 2014, the applicant apparently transferred care to a new primary treating provider. In a handwritten Doctor's First Report dated March 16, 2014, the applicant apparently presented with multifocal pain apparently associated with a specific fall from a ladder. The applicant had primary complaints of back and knee pain, it was stated. The applicant's knee was giving way. The applicant had a positive McMurray maneuver, it was stated. Muscle spasm and a guarded and slow gait were noted. The note was

very difficult to follow. Electrodiagnostic testing of the bilateral lower extremities, motion x-rays of the lumbar spine and knee, MRI imaging of the lumbar spine, MRI imaging of the left knee, a functional capacity evaluation, a knee brace, physical therapy, and a lumbar support were ordered while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine : QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic), MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnosis is being evaluated. In this case, however, there is no evidence that the applicant is either considering lumbar spine surgery or that any red-flag issues such as fracture, tumor, infection, cauda equina syndrome, etc. are suspected. Therefore, the request is not medically necessary.

MRI of the Left Knee QTY:1.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic), MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: The primary suspected diagnosis here appears to be that of meniscal tear. However, the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 notes that MRI imaging to establish a diagnosis of meniscal tear is indicated only if surgery is being contemplated. In this case, however, the handwritten progress note provided made no mention that the applicant is actively considering or contemplating surgery involving the knee. Therefore, the request is not medically necessary.

Back Brace QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports or back braces are not recommended outside of the acute phase of symptom relief. In this case, the applicant is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of April 1, 2013. Therefore, the request is not medically necessary.

Left Knee Brace QTY:1.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 13, page 340, for the average applicant, using a knee brace is usually unnecessary. A knee brace is used as necessary only if an applicant is going to be stressing the knee under load, as by climbing ladders or carrying boxes. In this case, however, the applicant is off of work, on total temporary disability. The applicant is unlikely to be carrying boxes or climbing ladders. Therefore, the request is not medically necessary.

Initial Functional Capacity Evaluation QTY:1.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 48-50.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions. In this case, however, the applicant is off of work, on total temporary disability. The applicant does not appear to have a job to return to, moreover. It is unclear what role a functional capacity evaluation would serve in this context. Therefore, the request is not medically necessary.

Myofascial Release 3 times a Week to Left Knee, QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Knee Chapter (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy , Physical Medicine topic Page(s): 60, 98-99.

Decision rationale: Myofascial release therapy represents a form of massage therapy. The 12-session course of treatment proposed, however, in and of itself, represents treatment in excess of the four to six sessions of massage which page 60 of the MTUS Chronic Pain Medical Treatment Guidelines suggests limiting massage therapy to in most cases. It is further noted that pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasized active therapy, active modalities, and self-directed home physical medicine over passive modalities such as the myofascial release therapy being sought here. Therefore, the request is not medically necessary.

Myofascial Release 3 Times a Week to Low Back, QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy topic Page(s): 60.

Decision rationale: Myofascial release therapy represents a form of massage therapy. As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, however, massage therapy should be limited to four to six visits in most cases and is an adjunct to other recommended treatments, such as exercise. The 12-session course of treatment being sought, thus, represents treatment well in excess of MTUS parameters. Therefore, the request is not medically necessary.

Unattended Electrical Stimulation Three Times a Week for Left Knee, QTY:12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, TENS, Chronic Pain.

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

Decision rationale: As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, and self-directed home physical medicine are recommended in the chronic pain phase of a claim. Passive therapy is intended only for short-term pain relief, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes. No rationale for such extensive passive treatment, namely the 12 sessions of electrical stimulation at issue, was proffered by the attending provider in the face of the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.

Unattended Electrical Stimulation Three Times a Week for Low Back, QTY: 12.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines, TENS, Chronic Pain.

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

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, active modalities, and self-directed home exercises/home physical medicine are recommended during the chronic pain phase of the claim, as an extension of the treatment process. While page 98 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge some limited role for passive therapy such as the unattended electrical stimulation at issue to facilitate active therapies, the 12-session course of electrical stimulation being sought, however, runs counter to MTUS parameters and principles, particularly when being sought alongside numerous other passive modalities such as massage, paraffin bath, etc. Therefore, the request is not medically necessary.

Paraffin Bath 3 Times a Week for Left Knee, QTY: 12.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Low Back-Lumbar & Thoracic, Knee (Acute & Chronic).

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

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive modalities such as the paraffin bath at issue are recommended to be used "sparingly" with active therapies to facilitate rehabilitation process. The 12-session course of paraffin bath therapy, thus, runs counter to MTUS parameters or principles. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further emphasized that active therapy, active modalities, and self-directed home physical medicine over passive treatment such as the paraffin bath at issue. Therefore, the request is not medically necessary.

Paraffin Bath 3 Times a Week for Low Back, QTY:12.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Low Back-Lumbar & Thoracic, Knee (Acute & Chronic).

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

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive modalities such as the paraffin bath at issue can be used "sparingly" with active therapies to facilitate rehabilitation process. By implication, then, there is little or no

support for the lengthy, protracted 12-session course of paraffin bath therapy being sought here. Therefore, the request is not medically necessary.

Mechanical Traction 3 Times a Week for Left Knee, QTY 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter, Powered Traction Devices.

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

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive therapy such as the traction at issue are recommended "sparingly" for use in conjunction with active modalities, to facilitate rehabilitation. The 12-session course of traction being sought, thus, runs counter to MTUS parameters and principles, particularly when endorsed in conjunction with the request for ultrasound, myofascial release, paraffin bath, electrical stimulation, and numerous other passive modalities. Therefore, the request is not medically necessary.

Mechanical Traction 3 Times a Week for Low Back, QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Back Chapter, Powered Traction Devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, traction, the modality at issue, is "not recommended." In this case, the attending provider did not proffer any compelling applicant-specific rationale or medical evidence so as to offset the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

Massage 15 Minutes 3 Times a Week for Left Knee, QTY 12.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy topic Page(s): 60.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. The 12-session course

of massage being sought by the attending provider, thus, represents treatment well in excess of MTUS parameters. Therefore, the request is not medically necessary.

Massage 15 Minutes 3 Times a Week for Low Back, QTY 12.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy topic Page(s): 60.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an adjunct to other recommended treatment, such as exercise, and should be limited to four to six visits in most cases. The 12 sessions of massage treatment being sought by the attending provider, thus, run well in excess of MTUS parameters. Therefore, the request is not medically necessary.