

Case Number:	CM14-0191060		
Date Assigned:	11/24/2014	Date of Injury:	04/17/2014
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in New York. 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 41-year-old female who reported an injury on 04/17/2014 when she was moving equipment and a large printer fell off a desk and landed on her knee, which hyperextended, and then landed on her left foot. On 05/22/2014, the patient presented with pain related to left knee and back. Examination of the left knee revealed full range of motion, mild swelling, and lateral joint line tenderness. Examination of the lumbar spine revealed full range of motion, tightness, hypolordosis, pain and spasm. Diagnoses were left knee contusion, left lower leg contusion, and lumbar muscle strain. The provider recommended chiropractic treatment for the low back, physiotherapy, lymphatic traction, infrared and Knee rehab for the left quadriceps. There was no rationale provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to the low back x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (2014); Knee and Leg, Physical Medicine Guidelines.

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

Decision rationale: The request for chiropractic treatment to the low back x 6 is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal condition is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program, and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. Additionally, the amount of chiropractic treatment the patient underwent was not provided. As such, medical necessity has not been established.

Physiotherapy QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (2014); Knee and Leg chapter, and on the ODG Physical Medicine Guidelines.

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

Decision rationale: The request for physiotherapy QTY: 6.00 are not medically necessary. The California MTUS state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation of the prior physiotherapy treatments the patient underwent and the efficacy of those treatments. Additionally, the provider's request does not indicate the site at which the physiotherapy sessions were indicated for in the request as submitted. As such, medical necessity has not been established.

Lymphatic traction QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (2014); Knee and Leg chapter

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

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Infrared QTY: 6.00: Upheld

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

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

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Kneehab for left quadriceps QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices) Page(s): 121.

Decision rationale: The request for Kneehab for left quadriceps QTY: 1.00 is not medically necessary. California MTUS Guidelines state that neuromuscular electrical stimulation or NMES device is not recommended. As a Kneehab device is an NMES device, it would not be supported by the referenced guidelines. NMES is used primarily as part of rehabilitation program following a stroke, and there is no evidence to support it in use for chronic pain. As such, medical necessity has not been established.