

Case Number:	CM14-0195408		
Date Assigned:	12/03/2014	Date of Injury:	12/21/2013
Decision Date:	03/05/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female with a work related injury dated 12/21/2013. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a progress report dated 10/16/2014, the injured worker presented for an orthopaedic re-evaluation regarding her right knee. Diagnoses included industrial injury to the right knee and exacerbation of lumbar spine due to right knee injury as well as compensatory left knee pain. Treatments have consisted of physical therapy which provided good relief of symptoms and medications. Diagnostic testing included MRI studies of the right knee which indicated osteoarthritis of the patella as well as focal cartilaginous defect to the medial femoral condyle and x-rays from February 2014 indicated hypersubluxable patella laterally, worse on the right than the left as well as positive patellofemoral crepitation and positive patellofemoral tracking laterally. Electromyography and nerve conduction studies on 08/20/2014 showed no evidence of peripheral polyneuropathy or motor lumbosacral or thoracic radiculopathy. Work status is noted as total temporary disability with restricted duty. On 11/10/2014, Utilization Review non-certified the request for Decompression Therapy 2 x 6 to the Lumbar Spine citing American College of Occupational and Environmental Medicine Practice Guidelines. The Utilization Review physician stated traction has not been proven effective for lasting relief in treating low back pain and because evidence is insufficient to support using vertebral axial decompression for treating low back injuries. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression Therapy 2x 6 to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The MTUS Guidelines do not recommend the use of vertebral axial decompression for treating low back injuries. Traction has not been proved effective for lasting relief in treating low back pain. The injured worker has a low back injury without evidence of radiculopathy. Medical necessity for decompression therapy for the lumbar spine has not been established within the recommendations of the MTUS Guidelines. The request for Decompression Therapy 2x 6 to lumbar spine is determined to not be medically necessary.