MAXIMUS Federal Services

Case Number:	CM14-0202584		
Date Assigned:	12/15/2014	Date of Injury:	05/11/2013
Decision Date:	01/30/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/03/2014

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 Family Practice and is licensed to practice in Ohio. 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 30 year old male with a reported industrial injury on May 11, 2013, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on October 22, 2014, for follow-up visit with primary treating physician. The presenting complaints included continued bilateral knee pain, difficulties walking more than thirty minutes, difficulty kneeling, squatting, stairs are difficult and uneven surfaces can be difficult. Medications do reduce the symptomatology temporally. The physical exam for this visit was not available, the physical exam on the previous exam dated June 18, 2014 revealed bilateral knee swelling with tenderness in addition to moderate patellofemoral crepitus especially the left knee, mild to moderate on the right and positive McMurray's on both knees. The diagnostic studies have included Magnetic resonance imaging (MRI) of the left knee which revealed mild patellar tendinosis. The medical treatment has been physical therapy, number of sessions not noted, activity restrictions, medications and bracing. Diagnoses are bilateral knee sprain/strain, bilateral knee tend/burs and Cruciate lig S/S Ant. On November 17, 2014 the provider requested Astym Physical Therapy two times a week for three weeks for the bilateral knees and one month trial IF unit for bilateral knees, on November 24, 2014, the Utilization Review non-certified one month trial IF unit for bilateral knees and modified requested Astym Physical Therapy two times a week for three weeks for the bilateral knees to Physical therapy twice a week for three weeks, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines and http://astym.com/patients/AstymWorks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Trial IF Unit for the Bilateral Knees: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Interferential units are not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. A recent industry-sponsored study in the Knee Chapter concluded that interferential current therapy plus patterned muscle stimulation (using the RS-4i Stimulator) has the potential to be a more effective treatment modality than conventional low-current TENS for osteoarthritis of the knee. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person.In this instance, the injured worker has failed medication, knee injections, and physical therapy. Therefore, a one month trial of an interferential unit for both knees is medically necessary.

Astym Therapy 2 times a week for 3 weeks for the Bilateral Knees: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Elbow (ASTYM therapy) and Shoulder (Graston instrument assisted technique (manual therapy)).

Decision rationale: Astym is under study for the shoulder and not recommended for the elbow. ASTYM therapy appears to be similar to other instrument assisted soft tissue mobilization treatments. The main difference seems to be the tools that are used. Graston uses metal tools, and Astym uses plastic ones. Astym treatment is provided by specially trained (and certified) physical and occupational therapists. Instruments are applied topically (on top of the skin) to locate dysfunctional (unhealthy) soft tissue, and to transfer pressure and shear forces to the underlying soft tissue structures. Therapy is typically provided twice weekly for three to four weeks and is done in conjunction with eccentric loading, stretching, and functional exercises. An unpublished trial with risk of bias, purported to show the effectiveness of Astym treatment for tennis elbow, was presented at the American Society for Surgery of the Hand's 2010 annual meeting. The study showed that Astym treatment was an effective tennis elbow therapy by resolving 80% of chronic lateral epicondylitis cases. While this is one of many possible techniques used in manual therapy, there are no specific high quality published studies to support use of the Graston Technique (GT), although there may be anecdotal information. In general, manual therapy, whether by physical therapists or by chiropractors, is a recommended treatment for many conditions in ODG. GT uses a collection of six stainless steel tools to palpate soft tissues to detect and resolve adhesions in the muscles and tendons. The technique is proprietary, the name of the treatment is trademarked and the instruments are subject to patents held by a licensing corporation, [redacted] and practitioners must be licensed to use the patented instruments. The Graston Technique was developed by David Graston who also operates SASTM (Sound Assisted Soft-Tissue Mobilization). GT allows the therapist to introduce a controlled amount of micro trauma into an area of excessive scar and/or soft tissue fibrosis, hoping that this will invoke an inflammatory response that will augment the healing process. It is also intended to reduce the stress on the therapist's hands. The use of Astym for patellar tendinosis is not specifically addressed by the Official Disability Guidelines or the MTUS and because it is not specifically recommended by the cited guidelines for any body portion, Astym therapy 2 times a week for 3 weeks for the bilateral knees is not medically necessary.