

Case Number:	CM15-0168412		
Date Assigned:	09/09/2015	Date of Injury:	12/06/2014
Decision Date:	10/14/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/26/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 35 year old female who sustained an injury on 12-6-14 resulted when she slipped and fell and struck her left knee. Diagnoses include contusion and sprain left knee. Treatment included modified duty; medications, knee support, physical therapy and an MRI on 3-9-15. The examination on 3-26-15 reports she continues to complain of severe left knee pain that is rated as 8 out of 10; complains of popping and clicking. She has diffuse tenderness to palpation over the entire knee; no obvious effusion; ecchymosis and her extension is full. She walks with a cane. Modified work restrictions; continue using ice several times a day; Ibuprofen 800 mg. 7-28-15 PR2 examination she continues to complain of moderate and frequent to constant left knee pain with weakness and instability. She walks with a cane. Range of motion left knee are moderately limited and guarded in all ranges; anterior and posterior drawer extension produces moderate to severe knee pain; palpation reveals generalized edema of the knee region with moderate spasm of the left quadriceps muscles. Lumbo-sacral pain is noted at the L5-S1 region. A request for extremity manipulation with interferential therapy; Russian stimulation and myofascial release as needed and a recommendation for an additional 2 treatments per week over the next 6 weeks. In addition get a more recent MRI of the left knee to identify and possibility of overlooked pathology. Current requested treatments Manipulation 2 times a week for 3 weeks, 2 interferential therapies, 2 times a week for 3 weeks; joint rehab 2 times a week for 3 weeks. The utilization review date 8-26-15 does not certify these requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Regarding the request for Manipulation 2 times a week for 3 weeks, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested Manipulation 2 times a week for 3 weeks is not medically necessary.

Interferential therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Regarding the request for Interferential therapy 2 times a week for 3 weeks, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment.). Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current

request. In light of the above issues, the currently requested Interferential therapy 2 times a week for 3 weeks is not medically necessary.

Joint rehab 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Regarding the request for Joint rehab 2 times a week for 3 weeks, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Joint rehab 2 times a week for 3 weeks is not medically necessary.