

Case Number:	CM15-0201982		
Date Assigned:	10/21/2015	Date of Injury:	03/20/2014
Decision Date:	12/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old female with a date of injury of March 20, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine musculoligamentous strain and sprain with radiculitis rule out lumbar spine discogenic disease, bilateral hip sprain and strain versus lumbar radiculitis and right hip bursitis, bilateral knee sprain and strain versus lumbar radiculitis, bilateral ankle sprain and strain, and bilateral foot plantar fasciitis. Medical records dated April 17, 2015 indicate that the injured worker complained of lower back pain rated at a level of 7 out of 10 right hip pain rated at a level of 8 out of 10 and left hip pain rated at a level of 6 out of 10. Records also indicate that the lower back pain was decreased from a level of 8 out 10 reported at the last visit. A progress note dated July 22, 2015 documented complaints of lower back pain rated at a level of 4 to 5 out of 10, right knee pain rated at a level of 5 out of 10, and left knee pain rated at a level of 5 out of 10. Records also indicate that the right knee pain had decreased from a level of 7 out of 10 and the left knee had increased from a level of 3 out of 10 since the last visit. Per the treating physician (July 22, 2015), the employee was to return to full and customary duty. The physical exam dated April 17, 2015 reveals grade 3 tenderness to palpation over the lumbar paraspinal muscles, restricted range of motion of the lumbar spine, and grade 3 tenderness to palpation of the bilateral knees. The progress note dated July 22, 2015 documented a physical examination that showed grade 2 tenderness to palpation over the lumbar paraspinal muscles and grade 2 tenderness to palpation of the bilateral knees. Treatment has included chiropractic treatments, at least six sessions of extracorporeal shock wave therapy, and medications (Tramadol, Flucinar cream).The original utilization review (September 14, 2015) non-certified a request for

physical therapy for the lumbar spine and bilateral knees (10-sessions, 2 times a week for 5-weeks, to include electrical stimulation, diathermy, infrared therapy, therapeutic exercises, massage, and manual therapy), ultrasound with physical therapy, and x-rays of the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar Spine and Bilateral Knees (10-sessions, 2 times a week for 5-weeks, to include electrical stimulation, diathermy, infrared therapy, therapeutic exercises, massage, and manual therapy): Upheld

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

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Ultrasound: Upheld

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

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

Decision rationale: Ultrasound is a commonly used therapeutic modality which nonetheless is not supported by MTUS or other treatment guidelines. There is essentially no recognized evidence to suggest that ultrasound is more effective than placebo, particularly in a chronic setting. This request is not medically necessary.

X-Ray Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM recommends regarding special studies regarding the knee "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation....Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion." The records in this case do not clearly document a differential diagnosis for the requested imaging study. This request is not medically necessary.