MAXIMUS Federal Services

Case Number:	CM15-0027017		
Date Assigned:	02/19/2015	Date of Injury:	06/01/2012
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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
Certification(s)/Specialty: Internal 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 64 year old male who sustained an industrial injury on 06/01/2012. Current diagnoses include continuous trauma injury-bilateral knees and severe arthritis-bilateral knees. Previous treatments included medication management, TENS unit, Orthovisc injections bilateral knees, previous anodyne therapy, decompression therapy for the low back, and home exercise program. Report dated 11/20/2014 noted that the injured worker presented for re-examination and fourth left knee Orthovisc injection. The injure worker noted that he felt well with the injections. Physical examination revealed varus alignment and no tenderness in the bilateral knees. Utilization review performed on 02/04/2015 non-certified a prescription for anodyne therapy, based on the clinical information submitted does not support medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anodyne therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines, low back chapter; Infrared therapy (IR) - low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 300, 339, 346. Decision based on Non-MTUS Citation ACOEM 3rd Edition Low back disorders. ACOEM 3rd Edition Knee disorders. Work Loss Data Institute Low back. New York State Workers' Compensation Board Knee Injury Medical Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses physical modalities. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that physical modalities, such as diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. ACOEM 3rd edition does not recommend infrared therapy is not recommended for chronic low back disorders. Work Loss Data Institute guidelines indicates that infrared therapy is not recommended for low back disorders. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints indicates that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, and biofeedback have no scientifically proven efficacy in treating acute knee symptoms. Passive modalities without exercise program are not recommended. ACOEM 3rd Edition does not recommend high-tech heat therapy for knee disorders. New York State Workers' Compensation Board Knee Injury Medical Treatment Guidelines (2013) indicates that infrared therapy is not recommended. The medical records document a history of chronic knee and low back conditions. Anodyne therapy was requested on 1/28/15. Orthopedic reports from September, October, and November 2014 were submitted for review. Recent progress reports were not present in the submitted medical records. The clinical practice guidelines and medical records do not support the request for Anodyne infrared therapy. Therefore, the request for Anodyne therapy is not medically necessary.