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| <b>Case Number:</b>   | CM15-0054075 |                              |            |
| <b>Date Assigned:</b> | 03/27/2015   | <b>Date of Injury:</b>       | 07/19/2013 |
| <b>Decision Date:</b> | 05/05/2015   | <b>UR Denial Date:</b>       | 03/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/23/2015 |

### 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, Hawaii  
 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:

The injured worker is a 43-year-old male, who sustained an industrial injury on 7/19/13. He reported pain in the bilateral knees, ankles and feet. The injured worker was diagnosed as having bilateral knee and ankle degenerative joint disease and chronic pain syndrome. Treatment to date has included oral and topical pain medications. As of the PR2 dated 3/6/15, the injured worker reports pain in the bilateral knees, ankles and feet. The treating physician requested physical therapy for the cervical spine 2 x weekly for 4 weeks and a trial IF unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical spine 2 times a week for 4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with bilateral knees, ankles, lower back pain and pain affecting the feet. The current request is for Physical Therapy for the cervical spine 2 times a week for 4 weeks. The treating physician states, "The patient walks with a single point cane. The Baclofen helps to reduce his tenderness and spasms in the bilateral calf muscles and shins. There is improved pain in the ankles with the patch. Range of motion in both ankles remains due to multiple surgeries. There is less hypersensitivity to touch suggestive of neuropathic pain in the knees extending into the calves and shins bilaterally with the Lyrica. There is still crepitus in the right knee. Both knees and ankles have multiple scars." (A.11) There is no further discussion of the current request. The MTUS Guidelines supports physical therapy and states for, "Myalgia, myositis and neuritis type conditions, unspecified (ICD9 729.1): 8-10 visits over 8 weeks." In this case, there is no prior documentation of the patient completing Physical Therapy within the last six to twelve months. The current request is within the maximum number of sessions allowed and is supported by the guidelines. The current request is medically necessary and the recommendation is for authorization.

**Interferential unit trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation (ICS).

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

**Decision rationale:** The patient presents with bilateral knees, ankles, and feet pain (low back pain). The current request is for Interferential unit trial. The treating physician states, "The patient walks with a single point cane. The Baclofen helps to reduce his tenderness and spasms in the bilateral calf muscles and shins. There is improved pain in the ankles with the patch. Range of motion in both ankles remains due to multiple surgeries. There is less hypersensitivity to touch suggestive of neuropathic pain in the knees extending into the calves and shins bilaterally with the Lyrica. There is still crepitus in the right knee. Both knees and ankles have multiple scars." (A.11) There is no further discussion of the current request. The MTUS guidelines state, "Interferential Current Stimulation (ICS) 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. In this case, the treating physician has not documented that the pain is ineffectively controlled by medication. The physician has documented the opposite suggesting that the medication is reducing the pain that the patient is suffering from. The documentation requirements per the guidelines have not been met and MTUS states that interferential treatment is not recommended as an isolated intervention. The current request is not medically necessary and the recommendation is for denial.

