

<b>Case Number:</b>	CM15-0082607		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 52 year old male, who sustained an industrial injury on 09/23/2014. He has reported injury to the neck, left knee, and mid and low back. The diagnoses have included cervicalgia; cervical spine musculoligamentous sprain/strain with attendant left upper extremity radiculitis; left knee sprain; and thoracic and lumbar musculoligamentous spine sprain/strain. Treatment to date has included medications and diagnostics. A progress note from the treating physician, dated 02/04/2015, documented a follow-up visit with the injured worker. The injured worker reported neck pain with radiating pain into the left upper extremity and associated headaches; mid and lower back pain; left knee pain; right hearing loss; and history of high blood pressure. Objective findings included significantly elevated blood pressure; tenderness to palpation over the cervical paravertebral musculature and upper trapezius muscles; tenderness to palpation with spasm and muscle guarding over the thoracic paravertebral musculature, lumbosacral junction, and lumbar paravertebral musculature; tenderness to palpation over the left knee medical joint line, medial plica band, and the peri-patellar region. The treatment plan has included the request for 1 diagnostic ultrasound study of the left knee; 8 sessions of chiropractic therapy in conjunction with physiotherapeutic modalities; and 1 home interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 diagnostic ultrasound study of the left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-339.

**Decision rationale:** The request in this injured worker with chronic knee pain is for diagnostic ultrasound of the knee. The records document a physical exam with pain with palpation but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears. An ultrasound is not listed in the guidelines as a recommended diagnostic study. The medical necessity of a left knee ultrasound study is not substantiated in the records. Therefore the request is not medically necessary.

**8 sessions of chiropractic therapy in conjunction with physiotherapeutic modalities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-59.

**Decision rationale:** Per the guidelines, chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this injured worker, the records do not indicate that the worker is not able to return to activities or that the worker is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of chiropractic therapy. Therefore the request is not medically necessary.

**1 home interferential unit: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113-117.

**Decision rationale:** Per the guidelines, a TENS or inferential unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many

medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS / inferential unit is not substantiated and is not medically necessary.