

Case Number:	CM15-0085762		
Date Assigned:	05/07/2015	Date of Injury:	01/09/2015
Decision Date:	06/24/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on January 9, 2015. She reported injuries to her neck, back, knees, arms, head, eyes, and stomach while performing her usual and customary work duties. The injured worker was diagnosed as having blurred vision, dizziness, headache, photosensitivity, cervical pain, cervical sprain/strain, thoracic myospasm, thoracic pain, lumbar pain, lumbar sprain/strain, right lateral epicondylitis, and left lateral epicondylitis. Treatment to date has included medication. Currently, the injured worker complains of headaches radiating to the arms with numbness, tingling, and weakness, neck pain, upper/mid back pain, low back pain, right elbow pain, left elbow pain, right knee pain, and left knee pain with right arm tingling and cramps from both knees to the feet. The Primary Treating Physician's report dated February 16, 2015, noted the injured worker's current medication as Aspirin. Physical examination was noted to show tenderness to palpation of the cervical paravertebral muscles with muscle spasm of the cervical paravertebral muscles. The thoracic spine was noted to have tenderness to palpation and muscle spasms of the thoracic paravertebral muscles. Examination of the lumbar spine was noted to show tenderness to palpation and muscle spasms of the lumbar paravertebral muscles. Tenderness to palpation and muscle spasms were noted of the bilateral lateral elbows and lateral forearms. The knees were noted to have tenderness to palpation and muscle spasms of the lateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/ EMS Unit (rental): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), (2) Transcutaneous electrotherapy Page(s): 114, 121.

Decision rationale: The claimant has a cumulative trauma injury with date of injury of 01/09/15. When seen in February 2015 she was having pain throughout her spine, bilateral elbow and knee pain, and headaches. Prior treatments had included medications. Physical examination findings included multiple areas of tenderness. There was decreased knee flexion bilaterally with medial muscle spasms. There was no assessment for instability. Use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one- month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, a combined TENS / EMS unit rental is being requested which is not medically necessary.

Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace.

Decision rationale: The claimant has a cumulative trauma injury with date of injury of 01/09/15. When seen in February 2015 she was having pain throughout her spine, bilateral elbow and knee pain, and headaches. Prior treatments had included medications. Physical examination findings included multiple areas of tenderness. There was decreased knee flexion bilaterally with medial muscle spasms. There was no assessment for instability. Although there are no high quality studies that support or refute the benefits of knee braces for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, there is no evidence of any of these conditions and there is no adjunctive rehabilitation being planned. Therefore, the requested knee brace is not medically necessary.

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114.

Decision rationale: The claimant has a cumulative trauma injury with date of injury of 01/09/15. When seen in February 2015 she was having pain throughout her spine, bilateral elbow and knee pain, and headaches. Prior treatments had included medications. Physical examination findings included multiple areas of tenderness. There was decreased knee flexion bilaterally with medial muscle spasms. There was no assessment for instability. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant underwent a microdiscectomy. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was therefore not medically necessary.