

Case Number:	CM14-0147144		
Date Assigned:	09/15/2014	Date of Injury:	03/01/2013
Decision Date:	10/15/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old female with a reported date of injury on 03/01/2013. The injury reportedly occurred when the injured worker was standing all day at the crosswalk. Her diagnoses were noted to include a left knee medial meniscus tear, left hip labral tear, left hip trochanteric bursitis, left hip degeneration, and lumbosacral strains superimposed with facet syndrome. Her previous treatments were noted to include a TENS unit, physical therapy, medications, and ice slush. The progress note dated 07/28/2014 revealed complaints of pain to the left hip, described as burning, nagging, stabbing, and shooting. The injured worker rated her pain 6/10. The injured worker indicated if she stood for an hour it increased to 9/10 and radiated to the left groin. The injured worker complained of pain to the lumbar spine, described as nagging and aching, and in rare instances she noted some left lower extremity weakness. The injured worker rated her pain anywhere from 0/10 to 5/10 depending on the activity. The injured worker complained of left knee pain described as stiffness in the morning and a dull pain that could be throbbing in nature, depending on the activity. The injured worker complained of intermittent buckling of the left knee, which occurred when she did not wear her orthotics. The injured worker rated her left knee pain as 7/10 primarily when she is at work. The physical examination of the lumbar spine revealed decreased range of motion bilaterally. Gross tenderness on palpation of the left paracervicals. The motor strength test to the upper extremities rated 4/5, and the right upper extremity was 5/5. There was decreased sensation to the left upper extremity in the C5-7 dermatomal distributions. The physical examination of the shoulders revealed tenderness to the left trapezius and rhombus, and the right acromioclavicular joint, anterior glenohumeral joint, and biceps tendon groove. The special testing of the shoulders revealed rotator cuff strength rated 4/5 to the right and left was 5/5. The physical examination of the elbows revealed tenderness to the right flexor tendon insertion. The injured worker was noted

to have some diffuse myofascial pain to the right side. The physical examination of the wrist/hands revealed decreased range of motion to the left side. There was tenderness on palpation of the right carpometacarpal joint. The physical examination of the lumbar spine was noted to have decreased range of motion and a positive facet maneuver, bilaterally. Palpation revealed spasm/tenderness to the paralumbar musculature, lumbosacral joint, sacroiliac joint and sciatic notch. Sensation was intact to the bilateral lower extremities. There was a positive straight leg raise to the right lower extremity and the anterior thigh in the L4 distribution. The physical examination of the hips revealed decreased range of motion with flexion and external flexion, internal, and external rotation. There was pain on palpation of the hips to the bilateral hips. Examination of the knee revealed full range of motion with patellofemoral joint line tenderness, and right crepitus, pain, and medial soft tissue tenderness. There was positive malalignment noted to the left knee. There was a positive McMurray's, Varus, and Valgus stress test. Physical examination of the ankles revealed decreased range of motion with dorsiflexion and plantar flexion bilaterally. The injured worker was noted to have an antalgic gait. The provider indicated he was recommending 6 sessions of physical therapy, 3 times a week for 3 weeks to the left hip, left knee, lumbar spine in the form of aquatic therapy. The injured worker indicated that she had previously had physical therapy, but did not remember how many sessions she had undergone previously. The progress note dated 09/08/2014 revealed complaints of pain to the left hip, left knee, and lumbar spine. The injured worker complained of left knee pain, mostly in the morning, and with acupuncture, her knee was not giving way first thing in the morning. The injured worker reported she had more energy to do activities of daily living and increased stamina at work. The injured worker rated her left knee and hip pain 5/10 and had not required the use of ibuprofen and Tylenol. The injured worker reported she had increased her water intake and vegetables. The physical examination revealed tenderness to palpation to the medial foraminal condyle and decreased range of motion. The request for authorization form dated 07/28/2014 was for a one month trial of a TENS unit to provide significant functional improvement, Aquatic therapy (physical therapy) 3 times a week for 3 weeks for range of motion, deep tendon release, core strengthening, and pelvic stabilization, and electromyography/nerve conduction studies to the left lower extremity to rule out radiculopathy that may be aggravating her left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22..

Decision rationale: The request for Aquatic Therapy 3 times a week for 3 weeks is not medically necessary. The injured worker has participated in physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The recommended visits for myalgia and myositis are 9 to 10 visits over 8 weeks. The injured worker has participated in physical therapy previously; however, there is a lack of documentation quantifiable objective functional

improvements in regards to previous physical therapy treatments, as well as the number of sessions completed. There is a lack of documentation regarding extreme obesity to necessitate reduced weight bearing with aquatic therapy. Therefore, the request is not medically necessary.

TENS Unit 1 month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Page(s): 114, 116.

Decision rationale: The request for a TENS unit 1 month trial is not medically necessary. The provider indicated the injured worker had failed 3 months of conservative care including TENS. The California Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but a 1 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. The criteria for the use of TENS are chronic, intractable pain with documentation of pain of at least 3 months' duration. There must be evidence that other appropriate pain modalities have been tried (including medication) and failed. A 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial period. Other ongoing pain treatment should be documented during the trial period including medication usage. The documentation provided indicated the injured worker failed a TENS unit. There is a lack of documentation regarding the TENS unit being used in adjunct to a functional restoration approach. Therefore, the request is not medically necessary.

EMG/NCS Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.. Decision based on Non-MTUS Citation (ODG), Low Back, Nerve Conduction Study.

Decision rationale: The request for electromyography/nerve conduction study to the left lower extremity is not medically necessary. The injured worker had a positive straight leg raise to the right lower extremity, decreased deep tendon reflexes to the right lower extremity. The California MTUS/ACOEM Guidelines state electromyography, including H reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The guidelines state electromyography can be used to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. The Official Disability Guidelines do not recommend nerve conduction studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.