

Case Number:	CM14-0095794		
Date Assigned:	07/25/2014	Date of Injury:	05/09/2014
Decision Date:	10/14/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 42 year old female who was injured on 5/9/2014 involving her low back and right knee after falling. She was diagnosed with lumbar spine sprain/strain, right sacroiliac joint sprain, and right knee contusion and sprain/strain. She was initially treated with physical therapy, NSAIDs, and topical analgesics. Later, on 6/2/14, she was seen by her treating physician complaining of continual low back pain and right knee pain. Physical findings included tenderness of the lumbar area and right sacroiliac joint, tenderness of the right knee over popliteal fossa, but otherwise normal. X-rays of the lumbar spine were taken revealing slight IVF narrowing at the L5-S1 level. She was then recommended chiropractor treatments, ultrasound of the right knee, and an interferential unit for use on the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 3 Times a Week for 4 Weeks for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Manual therapy & manipulation, Page(s): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, she was recommended 12 chiropractor sessions over one month, whereas the recommended trial is up to 6 visits over 2 weeks before consideration of further sessions could be made based on evidence of functional benefit. Therefore, the 12 sessions of chiropractor treatments are not medically necessary.

Diagnostic Ultrasound of Right 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 & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and section, Ultrasound, diagnostic

Decision rationale: The MTUS ACOEM Guidelines state that special testing such as ultrasound is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The ODG states that diagnostic ultrasounds for the evaluation of knee injuries may be considered for soft tissue injuries, but would best be evaluated by MR. Ultrasound has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. Also, if ultrasound is being considered for assistance with a knee injection, this is generally not necessary except possibly in situations where there is a specific reason why a previous attempt to inject or aspirate fluid failed or when attempting to drain a popliteal (Baker's cyst). In the case of this worker, there was no evidence of any specific need for imaging of any kind based on her physical examination findings. Conservative treatments had not been exhausted this early on in the treatment for her injury, and imaging may be considered later on if still experiencing pain, however, MRI is a more appropriate test for this. Therefore, the ultrasound of the right knee is not at this time medically necessary.

Interferential Unit for Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Interferential Therapy

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

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria is met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. It does not appear that the worker in this case had fully exhausted other therapies, including TENS, in order to justify using ICS as a treatment modality. Also, there was no evidence, found in the documents provided for review that the worker would be continuing physical therapy or home exercises during the use of ICS as it is not recommended as an isolated intervention. Therefore, the interferential unit is not medically necessary at this time.