

Case Number:	CM13-0067959		
Date Assigned:	01/08/2014	Date of Injury:	06/07/2012
Decision Date:	03/24/2015	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 female employee () who sustained a work related injury to the low back and bilateral knees while moving objects on June 7, 2012. Conservative treatment and a local steroid injection provided only temporary relief. A magnetic resonance imaging (MRI) of the left knee was abnormal. The injured worker underwent a left knee arthroscopy with partial lateral meniscectomy, chondroplasty and medial synovial plica excision on September 9, 2013. The injured worker was diagnosed with lumbar sprain/strain with spondylosis, right knee sprain; status posterior left knee arthroscopy and cervicothoracic sprain and strain with right upper extremity radiculopathy. According to the physician's progress report dated January 28, 2014, the physician references a fall while in physical therapy on December 13, 2013. The injured worker completed only 2 sessions of physical therapy post-operatively. According to this same progress report, on November 22, 2013 the injured worker complained of left knee pain, swelling and giving way. She also complained of right knee pain, lower back pain and occasional abdominal pain. Tenderness with muscle spasm was noted over the lumbosacral junction. Patellofemoral crepitus of the bilateral knees was present with passive motion and flexion was restricted. Current medications were not documented. The treating physician requested authorization for Chiropractic care including rehabilitative therapy and physiotherapeutic modalities, right knee and lumbar spine (amount and frequency/duration not specified); Diagnostic ultrasound study, right knee; Home Interferential Unit. On December 9, 2013 the Utilization Review denied certification for Diagnostic ultrasound study, right knee; Home Interferential Unit. The request for Chiropractic care including rehabilitative therapy and

physiotherapeutic modalities is modified and certified for six (6) visits (2x3) for the lumbar spine only. Citations used in the decision process were the Medical Treatment Utilization Schedule (Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care including rehabilitative therapy and physiotherapeutic modalities, right knee and lumbar spine (amount and frequency/duration not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 58.

Decision rationale: According to the MTUS manual therapy including chiropractic care is not recommended for care of knee pain. Furthermore there is no specified frequency for chiropractic sessions. The chiropractic sessions requested are not medically necessary.

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-.26 Page(s): 114-117.

Decision rationale: erapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. Interferential Current Stimulation (ICS) not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. In this case the documentation doesn't support that the patient is having alternative treatments to make the use of IF effective.

Diagnostic ultrasound study, 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 (ODG), Knee and Leg Chapter, Ultrasound, diagnostic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee

Decision rationale: According to ODG soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. In this case the documentation doesn't support that the patient has acute anterior cruciate ligament injuries or hemarthrosis.