

Case Number:	CM14-0170456		
Date Assigned:	10/20/2014	Date of Injury:	03/23/2010
Decision Date:	01/15/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/15/2014

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 Practice 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:

According to the medical records the patient is a 48-year-old obese male who sustained an industrial injury on March 23, 2010. The patient is status post arthroscopy in August 2012. Patient is also status post L3 S1 posterior fusion in 2013 and most recently L3 S1 anterior fusion on June 9, 2014. The patient was seen on August 22, 2014 at which time he complained of low back stiffness. He complained of sore, tender, and weak legs. He reported difficulties in transition movements, standing and walking. He complained of referred pain extending into leg. There was also burning ache in the right knee and pain with right patellofemoral tracking. He complained of constant numbness in the big toe which extended up to the calf. He also complained of left knee pain. Physical examination revealed mild the effusion with patellofemoral tracking, positive McMurray's, guarded motion while walking, decreased lumbar range of motion, positive straight leg raise, lumbar spine and SI joint tenderness, diminished right Achilles reflex, decreased sensitivity of the right lower leg. Treatment plan was for aquatic therapy, acupuncture, chiropractic/physiotherapy, and shockwave therapy for the knee. Utilization review was performed on September 19, 2014 at which time the requested treatments were deemed not medically necessary and were noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the low back for 8 sessions (twice a week for four weeks): Overturned

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 for the lumbar spine is supported. The patient is status post anterior and posterior lumbar fusion and remains with objective functional deficits. The medical records indicate that the patient is obese and evidence-based guidelines support aquatic therapy in cases where reduce weight bearing is desirable. As such, the request for aquatic therapy treatments x 8 for the low back is supported.

Acupuncture to the lower back for 8 sessions (twice a week for four weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture for the lumbar spine is not supported. The medical records do not indicate whether the patient has undergone prior acupuncture treatments, and if such the results of past treatments. Furthermore, as noted above aquatic therapy has been certified for the lumbar spine, and the request for simultaneous acupuncture and aquatic therapy will lead to diagnostic confusion of the specific therapeutic effectiveness of each individual therapy. Furthermore, references recommend 3-6 sessions of acupuncture to determine efficacy, and the request for 8 sessions exceeds the recommended amount of acupuncture to produce functional improvement. As such, the request for acupuncture treatments is not medically necessary.

Chiropractic/Physiotherapy to both knees for 8 visits (twice a week for four weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation; Physical Medicine Page(s): 58-59; 98.

Decision rationale: The CA MTUS guidelines do not recommend manipulation for the knees. With regard to physiotherapy, the medical records do not establish results of past physiotherapy treatments to support the request for additional treatment. As such, the request for Chiropractic/Physiotherapy to both knees for 8 visits (twice a week for four weeks) is not medically necessary.

Electroconvulsive therapy, QTY: 1: 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 (updated 8/25/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Extracorporeal shock wave therapy (ESWT)

Decision rationale: References state that Extracorporeal shock wave therapy (ESWT) is under study for patellar tendinopathy and for long-bone hypertrophic nonunions. References also state that new data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. (Zwerver, 2010). Given that this treatment is not supported per evidence based guidelines, the request for shock wave therapy would not be medically necessary.