

Case Number:	CM15-0167470		
Date Assigned:	09/14/2015	Date of Injury:	08/27/2012
Decision Date:	11/25/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/25/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male with an industrial injury dated 08-27-2012. Review of the medical records indicate he is being treated for chondromalacia of the patello-femoral joint (left), patellar mal-alignment syndrome (left), generalized anterior knee pain (left), muscle weakness (left VMO atrophy), reflex sympathetic dystrophy (left knee), back pain and scoliosis (idiopathic). He presents on 07-10-2015 with left knee pain. The provider documents "The reported pain severity is moderate to severe." Symptoms are described as "steadily worsening over time." The provider also documents "The patient has been doing well, but now has buckling in the left knee multiple times a day and falling 2-3 times a week." Physical exam of the left knee documents moderate lateral retinacula defect. The surgical incision was fully healed, without erythema or evidence of infection. There was "moderate" tenderness at the patella with normal range of motion. Atrophy was present in the quadriceps. Documentation states a high pitched click with extension of the knee against gravity and was very guarded with both extension and flexion against gravity. Apprehension sign of patellar instability was negative with "moderate" patellar compression sign. He presented on 08-04-2015 with back pain. The provider documents symptoms are increasing and the pain interrupts sleep. "The reported pain severity is moderate." He rated his pain as 6 out of 10 (08-04-2015), 10 out of 10 at worst and 5 out of 10 on average. "The complaint moderately limits activities." Physical exam noted "severe" tenderness at the lower lumbar spine. Lumbar range of motion was "moderately decreased." Prior treatments are documented as chiropractor, TENS, medication and 122 visits of physical therapy (documented in the QME dated 06-25-2015.) The provider requested ultrasound 12 sessions, traction 12 sessions, therapeutic procedures 12 sessions, therapeutic activities 12 sessions, physical therapy to the low back 12 sessions, lumbar x-rays 6 views performed on 08- 04-2015, iontophoresis 12 sessions,

infrared 12 sessions and electrical stimulation 12 sessions. On 08-13-2015, utilization review denied the request for ultrasound 12 sessions, traction 12 sessions, therapeutic procedures 12 sessions, therapeutic activities 12 sessions, physical therapy to the low back 12 sessions, lumbar x-rays 6 views performed on 08-04-2015, iontophoresis 12 sessions, infrared 12 sessions and electrical stimulation 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the low back, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, physical therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. The request exceeds ODG guidelines for a six visit trial, and there have been many previous physical therapy visits with no rationale as to why the injured worker cannot progress with a self-directed home exercise program. As such, the request for physical therapy and included treatments such as infrared, electrical stimulation, iontophoresis, ultrasound, traction, therapeutic activities, therapeutic procedures are not medically necessary.

Electrical stimulation, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, physical therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. The request exceeds ODG guidelines for a six-visit trial, and there have been many previous physical therapy visits with no rationale as to why the injured worker cannot progress with a self-directed home exercise program. As such, the request for physical therapy, and included treatments such as infrared, electrical stimulation, iontophoresis, ultrasound, traction, therapeutic activities, therapeutic procedures are not medically necessary.

Infrared, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, physical therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. The request exceeds ODG guidelines for a six visit trial, and there have been many previous physical therapy visits with no rationale as to why the injured worker cannot progress with a self-directed home exercise program. As such, the request for physical therapy and included treatments such as infrared, electrical stimulation, iontophoresis, ultrasound, traction, therapeutic activities, therapeutic procedures are not medically necessary.

Iontophoresis, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, physical therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. The request exceeds ODG guidelines for a six visit trial, and there have been many previous physical therapy visits with no rationale as to why the injured worker cannot progress with a self-directed home exercise program. As such, the request for physical therapy, and included treatments such as infrared, electrical stimulation, iontophoresis, ultrasound, traction, therapeutic activities, therapeutic procedures are not medically necessary.

Ultrasound, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, physical therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical

trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. The request exceeds ODG guidelines for a six visit trial, and there have been many previous physical therapy visits with no rationale as to why the injured worker cannot progress with a self-directed home exercise program. As such, the request for physical therapy and included treatments such as infrared, electrical stimulation, iontophoresis, ultrasound, traction, therapeutic activities, therapeutic procedures are not medically necessary.

Traction, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, physical therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. The request exceeds ODG guidelines for a six visit trial, and there have been many previous physical therapy visits with no rationale as to why the injured worker cannot progress with a self-directed home exercise program. As such, the request for physical therapy and included treatments such as infrared, electrical stimulation, iontophoresis, ultrasound, traction, therapeutic activities, therapeutic procedures are not medically necessary.

Therapeutic activities, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, physical therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. The request exceeds ODG guidelines for a six visit trial, and there have been many previous physical therapy visits with no rationale as to why the injured worker cannot progress with a self-directed home exercise program. As such, the request for physical therapy, and included treatments such as infrared, electrical stimulation, iontophoresis, ultrasound, traction, therapeutic activities, therapeutic procedures are not medically necessary.

Therapeutic procedures, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, physical therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. The request exceeds ODG guidelines for a six visit trial, and there have been many previous physical therapy visits with no rationale as to why the injured worker cannot progress with a self-directed home exercise program. As such, the request for physical therapy, and included treatments such as infrared, electrical stimulation, iontophoresis, ultrasound, traction, therapeutic activities, therapeutic procedures are not medically necessary.

Lumbar X-rays, 6 views performed on 08/04/15: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic-Acute & Chronic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Initial Care, Special Studies.

Decision rationale: According to the CA MTUS ACOEM, plain films can be considered when there are red flags noted on clinical examination that would support X-rays for further evaluation. There is documented failure of conservative measures with ongoing severe pain and reduced range of motion. As such, plain films would be considered appropriate and as such, the request is medically necessary.