

Case Number:	CM15-0078321		
Date Assigned:	04/29/2015	Date of Injury:	02/11/2015
Decision Date:	06/05/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/24/2015

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

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:

This 47 year old female sustained an industrial injury to the low back on 2/3/15. On 2/11/15, the injured worker injured her left knee after a fall. Treatment included magnetic resonance imaging, x-rays, leg brace, crutches and medications. The injured worker had been given a referral for physical therapy that she had not yet begun. In a Doctor's First Report of Occupational Injury dated 3/16/15, the injured worker complained of low back pain and left knee pain with swelling. Physical exam was remarkable for normal lumbar lordosis, mild tenderness to palpation with spasm over the bilateral paraspinal musculature, mild tenderness to palpation over the lumbosacral junction, positive bilateral straight leg raise and lumbar spine range of motion with flexion 38 degrees, extension 8 degrees, right side bending 12 degrees and left side bending 15 degrees. Left knee exam showed slight swelling and tenderness to palpation over the lateral and medial joint lines. McMurray's test elicited lateral joint line pain. Range of motion exam showed flexion 122 degrees and extension 0 degrees. The injured worker ambulated with a limp favoring the left lower extremity. The injured worker was using a single point cane. Current diagnoses included lumbar spine sprain/strain with history of L4-5 disc bulge per prior work related injury in 2001 and left knee sprain/strain with history of arthroscopy in 2008. The treatment plan included 12 Sessions of chiropractic care (to include: exercise rehabilitation and physio-therapeutic modalities to left knee and lumbar spine), a home interferential unit and continuing medications (Motrin, Flexeril and Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of chiropractic care (to include: exercise rehabilitation and physiotherapeutic modalities to left knee and lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 288, 298-299; 337-338, 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee Manipulation; Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60; Physical Therapy, pages 98-99.

Decision rationale: MTUS Guidelines supports chiropractic manipulation/ physiotherapy for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it appears the patient was provided 12 sessions of PT/chiro; however, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has chronic symptom from previous knee injury with surgery in 2008 and has continued complaints without demonstrated functional improvement from treatment already rendered including milestones of increased ROM, strength, and functional capacity. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of chiropractic / physiotherapy with fading of treatment to an independent self-directed home program. It appears the employee is without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT from the previous 12 visits. Submitted reports have not adequately demonstrated the indication to support further chiropractic physiotherapy when prior treatment rendered has not resulted in any functional benefit. The 12 Sessions of chiropractic care (to include: exercise rehabilitation and physiotherapeutic modalities to left knee and lumbar spine) is not medically necessary and appropriate.

1 Home Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Interferential Therapy; Official Disability Guidelines (ODG), Knee & Leg, Interferential current therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study

the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The 1 Home Interferential Unit is not medically necessary and appropriate.