

Case Number:	CM15-0089214		
Date Assigned:	05/15/2015	Date of Injury:	03/24/2014
Decision Date:	10/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 33 year old female, who sustained an industrial injury on 3/24/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, physical therapy and medication management. Currently, the injured worker complains of upper and mid back pain with stiffness, heaviness and weakness with a pain rating of 7/10, left foot pain rated 6/10 and left knee pain of 5/10. There were objective findings of positive McMurray's and patella compression tests of the left knee. The Kemp's and straight leg raising tests are positive. The Anatomical Impairment Measurement of the radiological reports dated 6/22/2014 showed degenerative disease of the lumbar spine. The MRI of the left knee dated 11/5/2014 showed mild to moderate degenerative joint disease. The treating physician is requesting extracorporeal shockwave therapy for the left knee, heat/cold therapy unit, lumbar traction system, orthopedic surgeon referral, 6 visits for acupuncture, 6 visits for physiotherapy, thoracic magnetic resonance imaging and 6 visits of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT (Extracorporeal shockwave therapy) for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The ODG guidelines recommend that ESWT can be utilized for the treatment of exacerbation of specific joint conditions such as lateral epicondylitis. The use of physical treatments can result in pain relief, reduction in medications utilization and increase in function. The subjective, objective and radiological findings related to the left knee did not indicate increase severity of the degenerative knee condition. There is no indication that conservative treatments with medications and exercise have failed. The guidelines recommend that patient proceed to a home exercise program, activity modification and medication utilization for the management of stable post injury conditions. There is lack of guidelines support for the utilization of ESWT for the treatment of mild to moderate knee pain. The criteria for the use of ESWT to left knee was not met. The request is not medically necessary.

Cold/Heat therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The ODG guidelines recommend that Cold/Head therapy can be utilized for the treatment of musculoskeletal pain during the post-operative and acute injury period. The use of physical treatments can result in pain relief, reduction in medications utilization and increase in function. The subjective, objective and radiological findings related to the left knee did not indicate increase severity of the degenerative knee condition. The guidelines recommend that patient proceed to a home exercise program, activity modification and medication utilization for the management of stable post injury conditions. There is lack of guidelines support for the utilization of Heat/Cold therapy for the treatment of chronic musculoskeletal pain. The criteria for the use of Heat/Cold therapy Unit was not met. The request is not medically necessary.

Lumbar traction system: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The ODG guidelines recommend that physical treatments can result in pain relief, reduction in medications utilization and increase in function. The subjective, objective and

radiological findings related to the left knee did not indicate increase severity of the low back condition. There is no indication that conservative treatments with medications and exercise have failed. The guidelines recommend that patient proceed to a home exercise program, activity modification and medication utilization for the management of stable post injury conditions. There is lack of guidelines support for the utilization of lumbar traction system for the treatment of chronic musculoskeletal pain. The criteria for the use of lumbar traction system was not met. The request is not medically necessary.

Refer to Orthopedic surgeon for Left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ODG guidelines recommend that patients can be referred for evaluation and treatment for deteriorating or exacerbation of complex musculoskeletal pain. The subjective, objective and radiological findings related to the left knee did not indicate increase severity of the degenerative knee condition. There is no indication that conservative treatments with medications and exercise have failed. The guidelines recommend that patient proceed to a home exercise program, activity modification and medication utilization for the management of stable post injury conditions. The criteria for referral to Orthopedic Surgeon for left knee was not met. The request is not medically necessary.

Acupuncture once a week for six weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The ODG guidelines recommend that Acupuncture can be utilized for the treatment of exacerbation of musculoskeletal pain. The use of Acupuncture treatments can result in pain relief, reduction in medications utilization and increase in function. The guidelines recommend that patient can undergo Acupuncture while doing a home exercise program, activity modification and medications utilization for the management of stable post injury conditions. The criteria for the use of Acupuncture once a week for 6 weeks was met. The request is medically necessary.

Physiotherapy once a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Physical therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. The use of physical treatments can result in pain relief, reduction in medications utilization and increase in function. The subjective, objective and radiological findings related to the left knee did not indicate increase severity of the degenerative knee and low back conditions. The guidelines recommend that patient proceed to a home exercise program, activity modification and medication utilization for the management of stable post injury conditions. The criteria for the use of physical therapy once a week for 6 weeks was not met. The request is not medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of complex spinal conditions with neurological deficits when clinical evaluation and plain radiological tests are inconclusive. The records did not show subjective, objective or radiological findings consistent with neurological deficits related to the thoracic spine or the presence of a red flag condition. The criteria for the MRI of the thoracic spine was not met. The request is not medically necessary.

Chiropractic treatment 1 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back, Knee.

Decision rationale: The ODG guidelines recommend that Chiropractic treatments can be utilized for the treatment of exacerbation of musculoskeletal pain. The use of physical treatments can result in pain relief, reduction in medications utilization and increase in function. The subjective, objective and radiological findings related to the left knee did not indicate increase severity of the degenerative knee and low back conditions. The guidelines recommend that patient proceed to a home exercise program, activity modification and medication utilization for the management of stable post injury conditions. The criteria for the use of Chiropractic treatments once a week for 6 weeks was not met. The request is not medically necessary.

