

Case Number:	CM13-0009818		
Date Assigned:	04/23/2014	Date of Injury:	05/31/1994
Decision Date:	07/02/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 64 year old female with a date of work injury 5/31/94. Her diagnoses include chronic pain state/diffuse myofasciitis/fibromyalgia; anxiety/depression; right knee strain secondary to compensatory overuse, left knee pain and swelling, right shoulder pain, hypertension, diabetes mellitus, dyspepsia. There is a 7/11/13 internal medicine physician progress note that states that the patient states that her right shoulder surgery has been authorized, but patient hasn't been presented with a list of doctors from the insurance carrier. Patient would like higher Lyrica dosage for her burning pain. Gabapentin didn't help at all. She stopped naproxen because was causing stomach burning pain. The Tizanidine is not helping any longer. Patient is frustrated by flare up of pain recently. Her weight has stabilized. No angina. On physical exam Weight is 162 lbs. the patient is alert and well-oriented. Heart: regular rhythm. No murmurs, gallops or rubs. Extremities: No significant edema. No clubbing. No cyanosis. Neurologic: Coordination grossly normal. Mentation normal. Abdomen is soft. There is slight epigastric and LLQ tenderness to palpation. The plan includes restarting Butrans patch and Soma to replace Tizanidine, increase Lyrica, Hydrocodone, Lidoderm patch, Xanax BID, Ativan prn Per documentation the patient has completed 12 PT visits in 2011 as well as 24 aqua therapy visits in 2012. Per documentation there is an aquatic therapy note, dated 02/08/13, stating that the patient participated in warm ups and exercises. There is an 11/26/ 13 document from patient's internal medicine physician stating that it has been a year since the patient last received a limited course of physical therapy with and she is currently in the midst of another pain flare-up. Given that the therapy she received last year provided significant functional improvement I am now requesting authorization for another short course of physical therapy, at 2x/week x6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATHERAPY 2 TIMES A WEEK FOR 8 WEEKS FOR THE BILATERAL KNEES, LOW BACK, AND FIBROMYALGIA: Upheld

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 Physical medicine Page(s): 22.

Decision rationale: Aqua therapy 2 times a week for 8 weeks for the bilateral knees, low back and fibromyalgia is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The objective examination does not reveal findings of knee/back that support the necessity of therapy. The MTUS guidelines only recommend up to 10 visits for this condition and the request for 16 visits exceeds this recommendation. The documentation does not indicate evidence of extreme obesity or extenuating circumstance that requires water therapy. The patient has had prior aqua therapy without functional improvement on the documentation submitted. The request for aqua therapy 2 times a week for 8 weeks for the bilateral knees, low back and fibromyalgia is not medically necessary.

CONSULTATION WITH PAIN MANAGEMENT SPECIALIST FOR CHRONIC PAIN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Consultation with pain management specialist for chronic pain is medically necessary per the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines. The guidelines state that referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. A consultation with pain management is appropriate in this case. The patient is on multiple medications/polypharmacy and continues to have pain issues. The treating physician is an internal medicine physician not a pain specialist. It would be appropriate to have this patient's pain managed by a pain specialist. Consultation with pain management specialist for chronic pain is medically necessary.