MAXIMUS Federal Services

Case Number:	CM13-0014226		
Date Assigned:	03/26/2014	Date of Injury:	11/30/2007
Decision Date:	04/24/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/20/2013

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 Interventional Spine 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:

This patient is a 58-year-old male with date of injury of 11/30/2007. Per the treating physician's report 07/20/2013, listed diagnosis are failed back surgery syndrome, lumbar facet joint pain, lumbar neuralgia, bilateral knee arthropathy. This report indicates the patient had 6 sessions of acupuncture treatments with short term relief, but the patient was asking for additional treatments. The request was for additional physical therapy 6 sessions, chiropractic sessions 6 visits, medications, neuromodulation, and [redacted] membership for aquatic therapy. The chiropractic treatments were asked for with physical therapy emphasis on ankle home-based active care therapy and instruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROMODULATION FOR THE LUMBAR SPINE (FREQUENCY AND DURATION NOT INDICATED): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy. Page(s): 114.

Decision rationale: Based on the Chornic Pain Medical Treatment Guidelines Neuromodulation is typically electrical technology in the treatment of nerve for alternation or modulation of nerve activity. Any number of devices such as TENS, interferential, and H-wave are considered neuromodulation therapies. MTUS Guidelines do allow for a trial of TENS unit for 1 month, for appropriate diagnosis. Various different neuromodulation therapies are allowed based on diagnosis, a home trial of 1 month and whether or not the patients have tried conservative care. In this case, the request is for simply neuromodulation treatments. One cannot determine what exactly the treating physician is requesting as it does not specify what specific type of neuromodulation he is referring to. MTUS Guidelines page 8 requires that the treating physician provide monitoring of the patient's progress, so that appropriate treatments can be recommended. In this case, the treater does not specify what neuromodulation he is asking for. The request for neuromodulation for the lumbar spine (frequency and duration not indicated) is not medically necessary and appropriate.

[redacted] MEMBERSHIP FOR AQUATIC THERAPY, DURATION NOT INDICATED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Guidelines does not discuss gym memberships, but Official Disability Guidelines (ODG) states "not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment". In this case, it is not documented that the patient's home program is ineffective, but there is a specific need for equipment. One may argue that this patient requires a pool to perform motor exercises. However, when reading the guidelines for exercises, there is no recommendation for one specific exercise modality over another. The patient does not present with any impediments for weight bearing exercises. The MRI of the knees only showed chondromalacia. There is no reason why this patient cannot perform the necessary home exercises to maintain function and control pain. The request for a [redacted] membership for aquatic therapy is not medically necessary and appropriate.

SIX SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT ANKLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine. Page(s): 98-99.

Decision rationale: The MTUS Guidelines allows 8 to 10 visits for myalgia and myositis type of problems. Given the lack of physical therapy recent history, a short course of physical therapy may be reasonable. However, the treating physician does not provide physical therapy discussion in terms of when the patient last received physical therapy for ankle. The treating physician does not describe how effective physical therapy treatments have been in the past and what the current goals are. The treater does not discuss what is to be accomplished with additional physical therapy at this point other than to help manage pain. No new injuries, significant change and clinical presentation to consider physical therapy at this point. Without additional discussion specifically addressing the patient's physical therapy needs, additional physical therapy cannot be supported. The request for six sessions of physical therapy for the right ankle is not medically necessary and appropriate.

SIX SESSIONS OF CHIROPRACTIC TREATMENT FOR THE RIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Treatments. Page(s): 58-59.

Decision rationale: This patient presents with chronic low back, knee, and ankle pains. There is a request for chiropractic treatments, 6 sessions, for right ankle. MTUS Guidelines specifically states that chiropractic treatments are not recommended for ankle and foot. The request for six sessions of chriopratic treatment for the right ankle is not medically necessary and appropriate.