

Case Number:	CM13-0023967		
Date Assigned:	11/20/2013	Date of Injury:	09/01/1999
Decision Date:	01/03/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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.

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 claimant is a 60-year-old female who sustained an injury on September 1, 1999 when she fell while boarding a bus. Recent clinical records for review include a handwritten progress report of July 25, 2013 with [REDACTED], M.D. indicating complaints of neck, upper back, low back, bilateral wrist and right ankle pain. Treatment on that date included Paxil solely and it was reported that the claimant did not wish to be evaluated by a psychiatrist. Physical examination findings were noted to include diminished sensation to the right anterior thigh, lateral calf and lateral ankle. Current diagnosis was not provided at that time. A previous assessment of June 6, 2013 also did not provide a current diagnosis for the claimant. Treatment is noted to have included epidural injections, medication management, a prior carpal tunnel release procedure on the right in 2002 and an unclear cervical procedure in 2009. Proposed treatments are inclusive of aquatic therapy for the claimant's cervical/lumbar spine and bilateral wrists as well as physical therapy for the same areas, the use of an H-wave device, an orthopedic neck pillow and a weight loss consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for C/S, L/S and B/L wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 98-99.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the role of aquatic therapy in this case would not be supported. The claimant is thirteen years from time of injury with no documentation of inability to perform land based home exercises that would be more appropriate in terms of long term benefit from a musculoskeletal conditioning standpoint. There is nothing indicating the need for reduction weightbearing intervention which is an indicator for this form of treatment per CA MTUS chronic pain guidelines. Based on the available information medical necessity for the aquatic therapy has not been established.

Physical therapy for C/S, L/S and B/L wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, physical therapy for the cervical/lumbar spine and bilateral wrists also would not be supported. The available records did not document any apparent significant change in physical exam findings or worsening of the chronic conditions. The claimant has been symptomatic for thirteen years. The acute need for formal physical therapy does not appear to be warranted with lack of documentation as to why a functional home exercise program would not be more appropriate at this stage in the clinical course.

H-Wave unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, an H-wave stimulator device would not be indicated. The available medical records do not document failure to care inclusive of a TENS unit which is suggested prior to utilizing H-wave stimulation. H-wave stimulation devices are not recommended as an isolated intervention. In the chronic soft tissue inflammatory setting, it is used as an adjunct to a program of evidence based functional restoration and that is not present in this case. Based on the available information the requested H-wave stimulator is not medically necessary.

Ortho neck pillow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Collars.

Decision rationale: California MTUS ACOEM Guidelines state that "Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "pre-injury" activities". Official Disability Guideline criteria provides further support for CA MTUS ACOEM recommendations. In this case there are chronic cervical complaints that have been present for greater than thirteen years and as such use of a cervical pillow would not be supported as medically necessary.

Weight loss consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

Decision rationale: Based on California MTUS Guidelines, the role of a weight loss program would not be supported. Weight loss program is considered an individual risk factor or personal modifying factor for which the claimant's own underlying benefit for good health would be supported not so much by her Worker's Compensation condition, but by her desire for a healthy lifestyle. Conditions such as smoking, weight loss and a workers fitness level, while important, cannot be supported as medical treatment and as such the request is not considered as medically necessary.