

Case Number:	CM13-0027864		
Date Assigned:	11/22/2013	Date of Injury:	09/19/2007
Decision Date:	03/20/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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. 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 28-year-old female who reported an injury on 09/19/2007. The mechanism of injury was not provided for review. The patient underwent surgical intervention in 04/2008 and ultimately developed complex regional pain syndrome. Conservative treatments have included medications, physical therapy, aqua therapy, psychotherapy, cognitive behavioral therapy, lumbar sympathetic blocks, and a failed spinal cord stimulator trial and a supervised weight loss program. Patient's most recent clinical examination findings included complaints of swelling in the left ankle. Objective findings included moderate edema to the bilateral legs and ankles with painful left ankle range of motion and limited ankle flexion and extension. It was noted that the patient was participating in physical therapy for the low back. The patient's diagnoses included left ankle strain, left ankle complex synovitis/capsulitis, and chronic regional pain syndrome. The patient's treatment plan included aquatic therapy for the left ankle, acupuncture treatments and continuation of a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy two (2) times a week for four (4) weeks in treatment to the left ankle:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The requested aquatic therapy two (2) times a week for four (4) weeks in treatment to the left ankle is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends aquatic therapy for patients who require a non weight bearing environment while participating in active therapy. The clinical documentation submitted for review does indicate that the patient is participating in land-based therapy for other injured body parts. Clinical documentation does not provide a clear rationale as to why the patient needs a non weight bearing environment for this requested body part. Additionally, the documentation does indicate that the patient has previously undergone aquatic therapy. The efficacy of that therapy is not provided within the documentation. Also it is noted that the patient is participating in a home-based exercise program to include walking. Therefore, the need for aquatic therapy is not indicated. As such, the requested aqua therapy two (2) times a week for four (4) weeks in treatment to the left ankle is not medically necessary or appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI for the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends an MRI when there is evidence of nerve root pathology that would benefit from further diagnostic studies. The clinical documentation submitted for review does not provide any evidence of neurological deficits related to the patient's low back symptoms. The patient has a negative straight leg raising test and no motor strength weaknesses. Additionally, it is noted that the patient is participating in conservative treatment. The efficacy of that treatment would need to be determined prior to an imaging study. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

Weight Loss Program for ten (10) 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) Diabetes Chapter, Lifestyle Modifications.

Decision rationale: The requested weight loss program for 10 weeks is not medically necessary or appropriate. Official Disability Guidelines recommend a supervised weight loss treatment program for patients who have failed to progress through a self-managed nutritional management program and home exercise program. The clinical documentation does indicate that the patient

has previously participated in this weight loss program and successfully lost weight. However, the clinical documentation does not provide any evidence of treatment goals or barriers that would preclude further progress of the patient in a self-directed and self-managed program. Therefore, continuation of a supervised weight loss program would not be indicated. As such, the requested weight loss program for 10 weeks is not medically necessary or appropriate.