

Case Number:	CM13-0059766		
Date Assigned:	04/23/2014	Date of Injury:	02/26/2010
Decision Date:	06/11/2014	UR Denial Date:	11/09/2013
Priority:	Standard	Application Received:	12/02/2013

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 Emergency Medicine and is licensed to practice in New York. 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 60-year-old male who was injured on February 26, 2010. The patient continued to experience pain in his back with persistent numbness in the lower extremities bilaterally and swelling in his legs. Physical examination was notable for swelling in both legs, and positive straight leg raise test. Diagnoses included status/post back surgery, lumbar strain with radiculopathy, depression, weight gain, and swelling of the legs. Previous treatment included physical therapy, acupuncture, epidural steroid injections, and TENS unit. Requests for authorization for aquatherapy 12 sessions, [REDACTED] weight reduction for 3 months, and support stockings # 2 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF AQUATIC THERAPY FOR THE LOWER BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Section.

Decision rationale: Aquatherapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The recommended number of visits follows those recommended for land-based physical therapy. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the therapy). In this case the patient did not suffer from a condition where reduced weight bearing would be desirable. In addition the requested number of visits surpasses the six-visit clinical trial recommended. The request is not medically necessary or appropriate.

WEIGHT REDUCTION THROUGH ██████████ X 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Am Diet Assoc. 2007 Oct, Weight Loss Outcomes; A Systematic Review And Meta-Analysis Of Weight-Loss Clinical Trials With A Minimum 1-Year Follow Up. Franz Mj, Vanwormer Jj, Crain Al, Boucher JI, Histon T, Cappel W, Bowman Jd, Pronk Np.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight Loss Treatment Guidelines From The Medical Letter, April 1, 2011, Issue 104, Page 17: Diet, Drugs, And Surgeries For Weight Loss.

Decision rationale: Diet and exercise are the preferred methods for losing weight, but are still associated with high long-term failure rates. Patients on a diet generally lose 5% of their body weight over the first 6 months, but by 12-24 months weight often returns to baseline. The long-term ineffectiveness of weight-reduction diets may be due to compensatory changes in energy expenditure that oppose the maintenance of a lower body weight, as well as genetic and environmental factors. There are no recommendations for ██████████ weight loss program in the Chronic Pain Medical Treatment Guidelines or in the Official Disability Guidelines. The request is not medically necessary or appropriate.

SUPPORT STOCKINGS X 2: Upheld

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

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

Decision rationale: Compression garments are recommended for specific situations. Low levels of compression applied by stockings are effective in the management of telangiectases after

sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. The patient is not suffering from deep vein thrombosis and has not had sclerotherapy for telangiectases. He is suffering from leg edema. Documentation of trial of conservative therapy, such as rest and elevation, is not present. The request is not medically necessary or appropriate.