

Case Number:	CM14-0000991		
Date Assigned:	01/22/2014	Date of Injury:	11/10/2000
Decision Date:	03/25/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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 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. 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 56 year-old male sustained an injury on November 10, 2000 while employed by [REDACTED]. Requests under consideration include supplies and patches for OS unit and 12 water therapy sessions. A report dated December 6, 2013 from [REDACTED], noted that the patient was under treatment for right hip, knees, psychiatric, elbows, lumbar, sacral spinal cord injuries. Diagnoses include status post (s/p) three (3) microlumbar decompressions; s/p posterior fusion L1-S1 with revision and extension to T2-S1; hardware removal of L2-S1, cervical and lumbar radiculopathy. The patient had an EMG/NCV on August 26, 2013 noting evidence of chronic bilateral radiculopathy and distal symmetric polyneuropathy of the lower extremities. Exam showed decreased range of the cervical, thoracic, and lumbar spines; decreased sensation C5-C7 on right and L4-S1 bilaterally; absent sensation in L5 and S1 dermatomes bilaterally; 5-/5 of upper muscle motor testing and 4+ to 5-/5 in bilateral extensor hallucis longus (EHL) and tibialis anterior (TA), plantar flexors of lower extremities. The request for OrthoStim unit and aquatic therapy were non-certified on December 17, 2013 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplies and patches for OrthoStim (OS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009). Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 173

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrotherapy, TENS for chronic pain Section Page(s): 114-117.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a transcutaneous electrotherapy unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried, such as medication. There is no documented short-term or long-term goals of treatment with the OrthoStim unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the OrthoStim Unit without specified rental or purchase request or previous failed transcutaneous electrical nerve stimulation (TENS) trial. There is no evidence for change in functional status, increased in activities of daily living, decreased visual analogue scale (VAS) score, medication usage, or treatment utilization from the physical therapy treatment already rendered. The supplies and patches for OS unit is not medically necessary and appropriate.

Twelve (12) water therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, Chronic Pain Treatment Guidelines May 2009. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg78, 98

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There are no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. The patient has completed formal sessions of physical therapy and there is nothing submitted to indicate functional improvement from the treatment already rendered. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. At this time, the patient should have the knowledge to continue with functional improvement with a Home exercise program. Submitted reports have

not adequately demonstrated the necessity for the pool therapy. Therefore, the requested 12 water therapy sessions are not medically necessary and appropriate.