

Case Number:	CM14-0005210		
Date Assigned:	01/24/2014	Date of Injury:	05/16/2009
Decision Date:	06/12/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/14/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 35-year-old female who reported an injury on 05/09/2009 secondary to a slip and fall. An MRI (magnetic resonance imaging) of the cervical spine on 12/30/2010 revealed disc protrusions at C3-4 and C4-5 with minimal neural foraminal narrowing. A flexion-extension x-ray of all spine segments on 01/03/2011 was normal. It was noted that the injured worker was treated previously with physical therapy. The injured worker was evaluated on 12/17/2013 and reported 8/10 neck pain which improved with medications and use of a transcutaneous electrical nerve stimulation (TENS) unit. On physical examination, she was noted to have decreased range of motion of the neck. She was diagnosed with cervical, thoracic, and lumbar sprain/strain. The injured worker was treated with ultrasound on that date, and she reported that her pain decreased from 7/10 to 4/10 after treatment. A request was submitted for pool therapy, ultrasound, and paraffin for the cervical spine. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY FOR CERVICAL: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land based physical therapy where reduced weight bearing is desirable. It was noted that the injured worker was treated with physical therapy previously. There is a lack of legibly documented evidence to specifically indicate why the injured worker would not benefit from traditional, land-based physical therapy. Additionally, the recent medical records submitted for review fail to legibly indicate and define specific functional deficits regarding range of motion values or strength that would warrant aquatic therapy. Furthermore, the request as written does not specify a duration or frequency of physical therapy. Therefore, it cannot be determined that the request meets the evidence-based guidelines for duration of physical therapy and allows for timely re-assessment. As such, the request for pool therapy for the cervical spine is non-certified.

ULTRASOUND FOR CERVICAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back
Complaints Page(s): 173,Chronic Pain Treatment Guidelines ULTRASOUND, THERAPEUTIC
Page(s): 123.

Decision rationale: The California MTUS guidelines do not recommend ultrasound for therapeutic purposes as the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions. The California MTUS/ACOEM guidelines state that there is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as ultrasound for the treatment of neck and upper back pain. The injured worker reported neck pain and was noted to have a cervical sprain/strain with decreased neck range of motion. The injured worker was treated with ultrasound at least once and reported 30% pain relief. There are no exceptional factors documented to indicate that the injured worker would experience significant long-term pain relief with the use of ultrasound. Furthermore, the request as written does not include a frequency or quantity of ultrasound treatments. As such, the request for ultrasound for the cervical spine is non-certified.

PARAFFIN FOR CERVICAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The California MTUS/ACOEM guidelines state that there is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as heat/cold applications for the treatment of neck and upper back pain. The Official Disability Guidelines

(ODG) states that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands; however, these conclusions are limited by methodological considerations such as the poor quality of trials. The injured worker reported neck pain and was noted to have a cervical sprain/strain with decreased neck range of motion. There is a lack of documented evidence to indicate that the injured worker suffers from osteoarthritis of the hand, and the request as written specifies treatment for the cervical spine. There are no exceptional factors documented to indicate that the injured worker would benefit from a paraffin treatment for the neck. Furthermore, the request as written does not specify a frequency or quantity of paraffin treatments. As such, the request for paraffin for the cervical spine is non-certified.