

Case Number:	CM14-0100077		
Date Assigned:	09/23/2014	Date of Injury:	12/30/2003
Decision Date:	10/22/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine 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 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:

There were 764 pages provided for this review. The application for independent medical review was signed on June 30, 2014. It was for transportation to and from aquatic physical therapy for the cervical and back pain three times a week for six months, housekeeping for the cervical back pain one time a week duration not specified, and aquatic therapy cervical and back three times a week for six months. Per the records provided, the claimant had been approved for six months of aquatic therapy, and the doctor noted that the claimant was quite surprised and unprepared for the approval. The claimant claimed she could not drive due to the pain medicines. The doctor asked about friends or families to drive her, and the claimant feels that three times a week would be a burden for them. The bus routes are too far for the claimant to walk. In the peer to peer, it is noted that the doctor does not feel strongly about the request, but the claimant was reportedly persistent to have transportation and household help. She truly cannot bend and left to perform housekeeping but the husband may be able to help. The husband also has a bad back, but reportedly works in construction so she is unsure of his capability. There was non-certification for all three requests. As of February 21, 2014, it is noted that the claimant seemed to be doing fairly well with respect to chronic pain and current medicine management. There were neck and shoulder symptoms. She received a TENS unit which the claimant finds helpful. The current pain is 4 to 5 out of 10 and it was unchanged from a prior visit. She was attempting to be more active and continues to walk at least 15 minutes every day. The treatment plan is for medicines and a urine drug screen. The provider has been addressing the chronic issues now since 2007. The pain is eight out of 10 which is worse than the last visit. She is oxygen dependent and has an oxygen concentrator with a nasal cannula in place. She is a 51-year-old who was injured December 30, 2003.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from aquatic physical therapy (cervical, back pain) (3x a week for 6 months): 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-TWC): Knee and Leg Procedure Summary, transportation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section Knee, Transportation Other Medical Treatment Guideline or Medical Evidence: .Labor Code 4600(a)

Decision rationale: The only guidance on this matter of transportation is in ODG, which notes it is 'Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009). It is not clear that the patient's impairment reaches a level of 'disability', and that of other social arrangements are not possible to get to appointments. For example, the records demonstrate she gets to doctor's appointments. Also, how one gets to appointments is not a medical treatment under California guidelines is not medical care. Labor Code 4600(a) notes that care is medical, surgical, chiropractic, acupuncture, and hospital treatment including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. There is insufficient information to say such a request for transportation should be medically addressed or necessary.

Housekeeping (cervical, back pain) (1x week) (duration not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services: housekeeping. Decision based on Non-MTUS Citation CMS, 2004

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 OF 127.

Decision rationale: Regarding home health care services, the evidence-based guides note that is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. This claimant appears to need it for non-medical services and activities of daily living. However, the guide specifically notes that medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004). As presented in the records, the evidence-based MTUS criteria for home health services evaluation would not be supported and is not medically necessary.

Aquatic Therapy (cervical, back pain) (3x a week for 6 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Tomas-Carus, 2007; Colorado, 2002; Airaksinen, 2006

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127 and 8 C.C.R. 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back regard aquatic therapy.

Decision rationale: The MTUS does permit forms of physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. Moreover, it is not clear why water aquatic therapy would be chosen over land therapy. Finally, after prior sessions, it is not clear why the patient would not be independent with self-care at this point. Specifically regarding aquatic therapy, the guides note under Aquatic Therapy: 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. In this case, there is no evidence of conditions that would drive a need for aquatic therapy, or a need for reduced weight bearing. Finally, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, warm water aquatic therapy twice weekly for four weeks is not medically necessary.