MAXIMUS Federal Services

Case Number:	CM14-0107057		
Date Assigned:	08/01/2014	Date of Injury:	05/28/2008
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 61-year old female with a work injury dated 5/28/08. The diagnoses include cervical, thoracic, right shoulder, and lumbar sprain. Under consideration is a request for 6 sessions of aquatic therapy for the right shoulder, cervical and lumbar spinal regions, 1 pain management consultation, 1 follow-up visit, and 1 orthopedic consultation.There is a primary treating physician report dated 2/4/14 indicated that the patient complained of neck pain, bilateral shoulder, bilateral knee pain, bilateral ankle pain without new numbness/tingling. The patient is uncertain when she last saw pain management or orthopedic consultants. On exam the right lateral shoulder, right lateral thumb tip, right long tip and right small tip are diminished. Per documentation there was an office visit dated 5/22/2014 where the patient had subjective complaints of pain in the neck, upper back, lower back, right and left shoulder, right and left knees, and right and left ankles. There were no new complaints of numbness or tingling and no loss of bladder control. The patient was not taking any new medications and there were no new injuries. Objective examination revealed light touch sensation of the right anterior thigh, right lateral ankle, and right lateral calf as diminished. There is a request for epidural injections of the lumbar region. There is a request for aquatic therapy 1 times per week for 6 weeks for the right shoulder, cervical, and lumbar spine. Other recommendations included psych consultation, pain medicine consultation, and an orthopedic consult.An 11/18/13 document states that the patient claims she tripped at work while ascendingstairs and fell onto two outstretched hands. Denies frank pain, but rather stiffness in multiple body parts including the neck, lumbar spine and right shoulder radiating down arm. Mild pain in Thoracic spine between scapula. Pt has a currently open and ongoing case against her current employer for a strain of all the above named parts, (neck, thoracic and lumbar spine) as well as repair of right rotator cuff. She has completed

physical and aqua therapy.A 1/23/14 Electrodiagnostic study document reveals a C6 radiculopathy on the right. The aboveElectrodiagnostic study reveals evidence of a mild acute L5 radiculopathy on the right and left.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of aquatic therapy for the right shoulder, cervical and lumbar spinal regions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine p.98-99; Aquatic therapy p.22 Page(s): 22, 98, 99.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had prior physical therapy including aqua therapy. There is no clear indication of the quantity of therapy and the outcome of the therapy that she has had in the past. The MTUS Chronic Pain Guidelines recommend up to 10 visits for this condition. Without the evidence of how much therapy she has had and the efficacy of the therapy additional therapy cannot be certified. Furthermore the documentation is not clear on why aquatic therapy is necessary over land based. The request for 6 sessions of aquatic therapy for the right shoulder, cervical and lumbar spinal regions is not medically necessary.

1 pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment 4/27/2007 page 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Pain Outcomes and Endpoints, page(s) 8; Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Office visits.

Decision rationale: Per the MTUS and ODG guidelines. The ODG recommends office visits as medically necessary and states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation does not indicate that the patient has any new trauma or injury. Her recent physical exam findings do not reveal any red flags or symptoms of intractable pain. The recent documentation does not reveal radiculopathy. There is not documentation of medication issues. The MTUS states that fluctuations are likely to occur in the natural history of patients with chronic pain. 1 pain management consultation is not medically necessary.

1 orthopedic consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, page(s) 8; Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Office visits.

Decision rationale: Per the MTUS and the ODG guidelines. The ODG recommends office visits as medically necessary and states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation does not reveal any acute or new issues that need to be addressed by orthopedics. The recent documentation does not reveal radiculopathy. There are no red flag findings. The documentation is not clear on the need for an orthopedic opinion in this patient. The MTUS states that fluctuations are likely to occur in the natural history of patients with chronic pain. The request for 1 orthopedic consultation is not medically necessary.