

Case Number:	CM14-0130084		
Date Assigned:	09/22/2014	Date of Injury:	12/15/2011
Decision Date:	10/23/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/14/2014

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 Internal Medicine, has a subspecialty in Neurology 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:

The patient is a 41-year-old female who has submitted a claim for shoulder and upper arm sprains and strains and trochanteric bursitis associated with an industrial injury date of December 15, 2011. Medical records from 2014 were reviewed. The patient complained of pain in the neck, right shoulder, right hip, right lower extremity and left knee. Pain was rated 1-3/10 with medications and 8-9/10 without medications. She is a known case of hypertension. Physical examination showed a BMI of 38. Examination of the cervical spine showed decrease in normal cervical lordosis; moderate tenderness and spasm over the cervical paraspinal muscles; trace positive axial head compression on the right; positive Spurling sign on the right; and moderate to severe facet tenderness. Upper and lower extremity examination showed mild tenderness over the right deltoid and AC joint; mild hyperesthesia in the right two ulnar digits; and tenderness over the bilateral trochanters. The diagnoses were cervical facet pain, right shoulder sprain/strain, right hip lateral trochanteric bursitis/sprain/strain, and left hip compensatory bursitis/sprain/strain. Treatment to date has included oral analgesics, muscle relaxant, cervical ESI, bilateral C6-7 medial branch block, RFA extension, left C6-7 facet joint rhizotomy and neurolysis, hot/cold modality, physical therapy, home exercise program, aquatic therapy, H-wave therapy and chiropractic therapy. Utilization review from August 7, 2014 denied the request for Aqua therapy additional 1x6 (right hip) quantity: 6.00. The patient has undergone 20 sessions of aquatic therapy but the records do not show clear evidence of sustained functional improvement. The request for [REDACTED] weight loss program quantity: 1.00 was denied because duration of the program and weight loss goal was not noted. Lastly, the request for Ultrasound of right hip quantity: 1.00 was denied because a diagnostic ultrasound study is not necessary prior to treatment for trochanteric bursitis or greater trochanteric pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy additional 1x6 (right hip) QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Aquatic therapy Page(s): 22, 98-99.

Decision rationale: Page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that aquatic therapy 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. The guideline allows 9-10 visits over 8 weeks for myalgia and myositis. In this case, the patient is severely obese with a BMI of 38 and has undergone several aquatic therapy sessions. However, there was no objective evidence of overall pain improvement and functional benefit from its use. Furthermore, the specific number of treatment completed was not specified in records. It is unclear whether total number of sessions given has exceeded guideline recommendations. The medical necessity for additional treatment cannot be established at this time. Therefore, the request for Aqua therapy additional 1x6 (right hip) QTY: 6.00 is not medically necessary.

weight loss program QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington state department of labor & industries; Chapter 20: Obesity treatment 2/1/2012, page 20-3

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs.

Decision rationale: CA MTUS does not specifically address weight loss programs. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. Guidelines state that physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20% or less above ideal, or at below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m²; or a BMI greater than or equal to 27 and less than 30 kg/m² with one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension, obesity-hypoventilation syndrome, obstructive sleep apnea or dyslipidemia. In this case, patient's BMI was 38 kg/m² and has documented hypertension. The guideline criteria were met. Therefore, the request for weight loss program QTY: 1.00 is medically necessary.

Ultrasound of right hip QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline Treatment Integrated Treatment/Disability Duration Guidelines Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Section, Ultrasound (Sonography)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to ODG, indications for diagnostic ultrasound include scar tissue, adhesions, collagen fiber and muscle spasm, and the need to extend muscle tissue or accelerate the soft tissue healing. In this case, the above-mentioned indications were not present in this patient. The medical necessity cannot be established. There was no clear indication for the request. Therefore, the request for Ultrasound of right hip QTY: 1.00 is not medically necessary.