

Case Number:	CM14-0154687		
Date Assigned:	09/24/2014	Date of Injury:	06/06/2008
Decision Date:	10/27/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/22/2014

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 Pain Management 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:

This is a female patient with the date of injury of June 6, 2008. A Utilization Review was performed on September 16, 2014 and recommended non-certification of Physician referrals and aqua therapy. An Interim Orthopedic Evaluation dated August 14, 2014 identifies Interim Subjective Complaints of pain in her back radiating to her bilateral hips and bilateral knee pain. Physical Exam identifies moderate tenderness diffusely throughout the lumbosacral spine region. Diagnostic Impression identifies aggravation of underlying medial compartment and patellofemoral osteoarthritis left knee, musculoligamentous lumbosacral strain and aggravation of underlying degenerative disk disease at L5-S1 with 25% disk space narrowing, spinal stenosis L3-4 and L4-5 with left-sided radiculitis, left knee moderate to severe medial compartment osteoarthritis status post left knee arthroscopy, and history of right knee arthroscopy. The treatment recommendations are to recommend formal authorization for spine consultation, 8 visits of pool therapy, and long-term pain management evaluation. There is note that the patient would benefit from some Cymbalta or some other antidepressants/chronic pain management medicine, but this is beyond the scope of practice of an orthopedic specialist. She needs to be seen by long-term pain management to help her wean off of her narcotics and try to get her on an appropriate regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127

Decision rationale: Regarding the request for Spine Consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear what the rationale for requesting Spine Consultation for this patient is. In the absence of such documentation, the currently requested Spine Consultation is not medically necessary.

Pain Management Care: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127 Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52

Decision rationale: Regarding the request for Pain Management Care, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the treating physician notes that the patient would benefit from antidepressants/chronic pain management medicine and that this is beyond the scope of practice of an orthopedic specialist. In addition, there is note that the treating physician would like to wean off of her narcotics and try to get her on an appropriate regimen. As such, the currently requested Pain Management Care is medically necessary.

Aquatic Therapy, 8 Sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for aquatic therapy, 8 sessions, Chronic Pain 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. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why reduced weight bearing is desirable for this patient. In the absence of such documentation, the currently requested aquatic therapy, 8 sessions are not medically necessary.