

Case Number:	CM14-0167549		
Date Assigned:	10/14/2014	Date of Injury:	07/18/2012
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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 Geriatrics and is licensed to practice in New York. 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 61 year old woman with a date of injury of 7/18/12. She was seen by her primary treating physician on 10/1/14 with complaints of cervical and lumbar spine pain. Her exam showed lumbar range of motion of flexion to 55 degrees, extension to 20 degrees and LLB/RLB to 20 degrees. The rest of the exam is illegible to read. The diagnoses were cervical and lumbar sprain/strain and stress. At issue in this review is the request for continued aqua therapy, range of motion, lumbar spine x-ray and home health assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG treatment in Workers Compensation, 5th Edition, 2007 or current year Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: The injured worker is a 60 year old woman with an injury from 2012. Range of motion testing is a non-specific request that can be completed as part of the routine

musculoskeletal exam. Her exam does not document any significant motor abnormalities but does show decreased spine range of motion documented on the physical exam. The records do not support the medical indication for range of motion testing. Therefore, the request for Range of motion is not medically necessary and appropriate.

Home health assistance #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 51.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. Home health services are 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. 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. The records do not substantiate that she is homebound nor do they document any difficulty with activities of daily living or mobility. The records do not support the medical indication for home health assistance services. Therefore, the request for Home health assistance #12 is not medically necessary and appropriate.

Aqua therapy #1: 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 Page(s): 22.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. 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, as in extreme obesity. In this case, the records do not justify why aqua therapy is indicated over a course of land based therapy and the aqua therapy is therefore not medically necessary and appropriate.

X-ray of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. She has lumbar spine pain and limitations in range of motion but no red flags on physical exam. In the absence of physical exam evidence of red flags, x-rays of the lumbar spine are not medically indicated. Therefore, the request for X-ray of lumbar spine is not medically necessary and appropriate.