

Case Number:	CM14-0170607		
Date Assigned:	10/23/2014	Date of Injury:	07/08/2010
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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 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 employee is a 55-year old male who sustained an industrial injury from 07/01/08 to 07/08/10 from repetitive work. The clinical note from 08/29/14 was reviewed. His subjective complaints included headaches that had been well controlled with the Topamax. He had been getting greater than 50 percent reduction in pain with the trigger point injections. He remained depressed and anxious. Objective findings included restricted range of motion of cervical spine and lumbar spine. There were multiple myofascial trigger points and lateral aspect of the right elbow was tender to palpation. Impression included complicated vascular headaches with predominantly visual problem, chronic myofascial pain syndrome, cervical and thoracolumbar spine, mild bilateral C5 radiculopathy, and moderate right carpal tunnel syndrome and right lateral epicondylitis. The plan of care included Tramadol ER, Topiramate, urine drug screen, home muscle stretching exercises and aquatic therapy exercises 2 X 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Program: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

Decision rationale: According to Chronic Pain Medical Treatment guidelines, exercise is recommended in management of chronic pain. However, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise program. In this case, it is not clearly stated what special equipment was necessary for the home exercise program. But based on the chronic myofascial pain, bilateral radiculopathy and epicondylitis, home exercise program without specialized equipment is medically necessary.

12 Sessions of Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome

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

Decision rationale: The MTUS, Chronic Pain Medical Treatment guidelines, indicate that aquatic therapy is recommended as an option form of exercise therapy, where available, as an alternative to land-based physical therapy, when reduced weight bearing is desired. The guidelines also recommend for fading of treatment frequency plus active self-directed home physical therapy. The medical records reviewed do not outline the need for reduced weight bearing and why aquatic therapy was preferred over land based therapy. The plan of care from the previous progress notes recommended aquatic therapy. It is not clear if the employee was already receiving aquatic therapy. There is also an absence of documentation of subjective and objective improvement with either aquatic therapy or land based therapy. The request for aquatic therapy visits is not medically necessary or appropriate. The MTUS, Chronic Pain Medical Treatment guidelines, indicate that aquatic therapy is recommended as an option form of exercise therapy, where available, as an alternative to land-based physical therapy, when reduced weight bearing is desired. The guidelines also recommend for fading of treatment frequency plus active self directed home physical therapy. The medical records reviewed do not outline the need for reduced weight bearing and why aquatic therapy was preferred over land based therapy. The plan of care from the previous progress notes recommended aquatic therapy. It is not clear if the employee was already receiving aquatic therapy. There is also an absence of documentation of subjective and objective improvement with either aquatic therapy or land based therapy. The request for aquatic therapy visits is not medically necessary or appropriate.