

Case Number:	CM14-0185347		
Date Assigned:	11/13/2014	Date of Injury:	06/25/2014
Decision Date:	12/15/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Medicine and is licensed to practice in Ohio. 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 51-year-old female with cumulative dates of injury between September 30, 2011 and September 30, 2012. As a consequence, she had been complaining of chronic neck and back pain. On June 25, 2014, she evidently had a fall down the stairs resulting in contusions of her left elbow and left shoulder, knee, and foot. Her initial treatment in 2012 consisted of medication and 5 sessions of physical therapy. Nonetheless, her low back pain persisted which radiated to the lower extremities as did her left shoulder pain associated with diminished range of motion. She has been treated with 12 sessions of physical therapy for the left shoulder, a cortisone injection to the left shoulder, acupuncture for the low back followed by a home exercise program, muscle relaxants, opioids and anti-inflammatories. The physical exam has revealed tenderness to palpation of the cervical paraspinal musculature and trapezius muscles with diminished cervical range of motion, tenderness to palpation over the thoracic and lumbar paraspinal musculature with diminished range of motion, and tenderness to palpation of the supraspinatus tendon and posterior shoulders bilaterally. The lower extremity neurologic exam has revealed normal strength, reflexes, and sensation. An MRI scan of the lumbar spine has revealed minimal disc bulging at L4-L5 and L5-S1 with mild neural foraminal narrowing and mild facet osteoarthritis. Evidently, a left shoulder MRI scan has been under consideration but not completed. Per the utilization review note, a home interferential unit was approved on a trial basis on October 20, 2014. There is no follow-up documentation provided. The diagnoses include strain/sprain of the cervical, thoracic, and lumbar spine, left shoulder impingement syndrome and adhesive capsulitis, lumbar facet syndrome, lumbar degenerative disc disease, and right sacroiliac arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Aquatic Therapy

Decision rationale: 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. There may be advantages to weightless running in back pain recovery. In this case, there is no evidence to suggest that land-based physical therapy is not a continuing option for this injured worker. Extreme obesity is not noted and while she did have a left knee contusion in June 2014; however, there have been no ongoing references to knee pain in the chart. It has also been noted that the injured worker continues to employ a home exercise program consisting of strengthening and stretching. Therefore, 12 aquatic therapy sessions are not medically necessary.

One home interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 120.

Decision rationale: While not recommended as an isolated intervention, the patient selection criteria if interferential stimulation is to be used anyway are: Pain is ineffectively controlled due to diminished effectiveness of medications; pain is ineffectively controlled with medications due to side effects; history of substance abuse; significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician, and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. In this instance, a 30 day trial of interferential stimulation had been previously approved. However, no documentation is provided showing that there has been increased functional improvement, less pain and evidence of medication reduction. Therefore, this request is not medically necessary.

