

<b>Case Number:</b>	CM14-0023947		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/11/1999
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 and is licensed to practice in Illinois. 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 63-year-old female who reported an injury on 03/11/1999. The mechanism of injury was not provided for clinical review. The diagnoses included cervical disc herniation, bilateral shoulder impingement syndrome, upper extremity overuse tendinopathy, cervical spine pain, status post anterior cervical discectomy and fusion, post positive discogram at L5-S1, bilateral thumb tendinitis, and right knee pain status post right knee surgery. The previous treatments include medication, aquatic therapy, surgery, and physical therapy. The clinical note dated 12/12/2013 reported the injured worker complained of ongoing pain of her neck and low back as well as her left knee. Upon physical examination, the provider noted some cervical pain with bilateral trapezius spasms and tightness to the upper extremities. Upon examination of the lumbar spine, he noted tenderness, spasms, and tightness in the paralumbar musculature. The injured worker had a positive straight leg raise, with decreased sensation in the L5-S1 areas. The provider requested aquatic therapy, new Pro-Stim to combat pain and swelling, and a urinalysis to monitor medication compliance. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY MIXED WITH PHYSICAL THERAPY FOR THE LUMBAR SPINE, TWO TIMES PER WEEK FOR SIX WEEKS: Upheld**

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

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

**Decision rationale:** The injured worker complained of ongoing pain to her neck and low back as well as her left knee. The California MTUS Guidelines recommend aquatic therapy 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 California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The Guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. The clinical documentation submitted indicated the injured worker had undergone physical therapy and was doing well. There is a lack of documentation indicating the injured worker is unable to perform land-based therapy or is diagnosed with extreme obesity. There is a lack of documentation indicating the injured worker requires reduced weight bearing. There is a lack of documentation indicating the amount of physical therapy the injured worker has previously undergone. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Additionally, the request for 12 sessions of physical therapy and aquatic therapy exceeds the Guideline recommendations of 8 to 10 sessions. Therefore, the request for aquatic therapy mixed with physical therapy for the lumbar spine, two times per week for six weeks is not medically necessary.

**NEW PRO-STIM 5.0 UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The injured worker complained of neck and low back pain as well as left knee pain. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A one month home based trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The request submitted fails to provide the frequency and duration of time the provider is requesting the injured worker to utilize the unit. There is a lack of documentation indicating significant deficits upon the physical examination. There is a lack of documentation indicating the injured worker underwent an adequate trial of a TENS unit. There is a lack of documentation indicating if the provider is requesting the new Pro System, also known as a TENS unit, for rental or purchase. Therefore, the request for a new Pro-Stim 5.0 unit is not medically necessary.

**URINALYSIS (DOS: 12/12/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

**Decision rationale:** The injured worker complained of neck and low back pain as well as knee pain. The California MTUS Guidelines recommend the use of a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug seeking behaviors. Therefore, the request for the urinalysis is not medically necessary.