MAXIMUS Federal Services

Case Number:	CM14-0024499		
Date Assigned:	06/11/2014	Date of Injury:	05/31/2005
Decision Date:	08/13/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehabilitation 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:

The injured worker is a 67-year-old female with a reported date of injury on 05/31/2005. The mechanism of injury was noted to be a fall. Her diagnoses were noted to include cervical sprain/strain, lumbar spondylolisthesis, lumbago with lumbar radiculopathy, cervicalgia with intermittent right upper extremity radiculopathy, lumbago with left leg sciatica at L4-5, bilateral knee degenerative disc disease and medial meniscus tear. Her previous treatments were noted to include knee surgery, corticosteroid injections, physical therapy, aqua therapy and medications. The physical therapy note dated 01/23/2014 revealed the injured worker reported physical therapy had been helpful; however, she continued to report moderate to severe pain in multiple body regions which changed from visit to visit. Her subjective rating of her functional capabilities was 70% of normal for dressing, 20% of normal for tub transfers, and 30% of normal for reaching which is equal to or less than the ratings given at the initial evaluation. The progress report dated 04/14/2014 revealed the injured worker was having trouble with activities of daily living; the left ankle was bothering her. The physical examination noted the injured worker seated in the examination chair with no notable discomfort and had a slow gait with the use of a cane. The progress note dated 05/28/2014 revealed the injured worker complained of pain to the low back, neck and bilateral knees. The physical examination was not submitted within the medical records. The Request for Authorization Form dated 03/03/2014 was for physical therapy two times a week for three weeks, for a total of six sessions, for treatment of the lumbar spine. The Request for Authorization Form was not submitted for the consultation with a neurosurgeon for the lumbar spine or the purchase of a cane; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Additional Physical Therapy Sessions for the Lumbar Spine: Upheld

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

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

Decision rationale: The injured worker has received previous physical therapy treatment. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding current measurable objective functional deficits in regards to range of motion and motor strength as well as quantifiable objective functional improvements from previous physical therapy sessions. The physical therapy note submitted on 01/2014 revealed the injured worker's ratings compared to her initial evaluation were equal to or less. Additionally, the previous number of physical therapy sessions is unknown. Therefore, the request is not medically necessary.

Consultation with a Neurosurgeon for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The injured worker complains consistently of low back pain. The CA MTUS/ACOEM Guidelines state if the diagnosis is certain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from an additional expertise, the occupational health physician may refer a patient to other specialist for an independent medical assessment. A consultation is intended to aid and assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for any investigating and/or treating an injured worker within the doctor-patient relationship. There is lack of clinical documentation regarding the need for a neurosurgery consult. There is lack of documentation regarding a recent, complete, and

adequate physical examination with clinical findings to warrant a consultation with a neurosurgeon. Therefore, the request is not medically necessary.

Purchase of a Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Walking aids.

Decision rationale: The injured worker indicated that she had a cane that was not attained by industrial means. The Official Disability Guidelines state disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and a negative evaluation of the walking aid. There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole decreases in NSAID intake compared with neutral insole, patient compliance is better in the laterally-wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. Contralateral cane placement is therapy efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with osteoarthritis. In a similar manner to which cane use unloads a limb, weight loss also decreases a load on a limb to a certain extent and should be considered a long term strategy, especially for overweight individuals. The documentation provided indicated the injured worker was utilizing a cane for ambulation and at the time of the request had misplaced it and was requesting a new one. The documentation provided after the request indicated the injured worker was ambulating with a cane. The guidelines recommend a cane for use in injured workers with osteoarthritis and the injured worker is utilizing a cane she already had. Therefore, the request is not medically necessary.