

Case Number:	CM14-0028733		
Date Assigned:	06/16/2014	Date of Injury:	02/11/2008
Decision Date:	08/13/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine and 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 57 year-old female who reported an injury on 03/01/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 01/29/2014 indicated diagnoses of status post arthroscopic surgery on 11/10/2012, multiple herniated discs of the cervical spine, multiple herniated discs of the lumbar spine, right and left shoulder impingement syndrome, bilateral carpal tunnel syndrome, psychological disorder, sprain/strain rule out internal derangement of the right wrist, rule out triangulofibrocartilage complex tear, lateral epicondylitis of the right and left elbows, mid-back strain, history of compression fracture T12, x-ray revealing evidence of degenerative joint disease, and rule out internal derangement of the left wrist. The injured worker reported pain in the neck with radicular symptoms into the arms. On physical examination of the cervical spine, range of motion revealed flexion of 50 degrees, extension of 60 degrees, and rotation of the right as 65 degrees, and on the left 65 degrees. The injured worker's foraminal compression test was positive. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, aquatic therapy, and medication management. The provider submitted a request for aquatic therapy, a followup orthopedic office visit, and physical therapy. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY ONCE A WEEK FOR 6 WEEKS: 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 Aquatic Therapy Page(s): 22.

Decision rationale: The request for aqua therapy once a week for 6 weeks is not medically necessary. 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. There is a lack of documentation regarding the injured worker's inability to participate in land-based exercises, such as decreased weight bearing or obesity. In addition, there is a lack of objective clinical findings of orthopedic or neurological deficiencies to support aquatic therapy. Moreover, the injured worker has undergone prior aquatic therapy; however, the number of sessions and efficacy was not provided to support additional sessions. Additionally, the request did not indicate a body part for the aquatic therapy. Therefore, the request for aquatic therapy once a week for 6 weeks is not medically necessary.

FOLLOW-UP ORTHOPEDIC OFFICE VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)- TWC, NECK AND UPPER BACK (ACUTE & CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visit.

Decision rationale: The request for follow-up orthopedic office visit is not medically necessary. Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There is a lack of objective clinical findings of orthopedic deficiencies to support a followup visit. In addition, the provider did not indicate a rationale for the request. Therefore, the request for a followup orthopedic office visit is not medically necessary.

PHYSICAL THERAPY ONCE A WEEK FOR 6 WEEKS: 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.

Decision rationale: The request for physical therapy once a week for 6 weeks is not medically necessary. The California MTUS state that active therapy is 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. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. In addition, there is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the amount of physical therapy visits that have already been completed is not indicated. Additionally, the request did not indicate a body part for the physical therapy. Therefore, the request for physical therapy once a week for 6 weeks is not medically necessary.