

Case Number:	CM14-0029463		
Date Assigned:	06/20/2014	Date of Injury:	09/15/2010
Decision Date:	07/23/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/07/2014

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 Neurological Surgery 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 65 year-old male was reportedly injured on 9/15/2010. The mechanism of injury is noted as "on-the-job injury". The most recent progress note dated 12/23/2013 indicates that there are ongoing complaints of neck, upper back, lower back, left index finger, left and right hip, and left leg pain. The physical examination demonstrated states applicant presents in a wheelchair, sensation to light touch reveals right anterior thigh, right lateral calf, and right lateral ankle intact. No additional findings were reported on this date of service. Diagnostic imaging studies EMG/NCV from 4/16/2013 reveals moderate acute L5 radiculopathy on the right and left which is superimposed upon peripheral neuropathy. Previous treatment includes neck and back surgery, consult the pain management, and medications to include: A request had been made for outpatient aqua therapy one time a week for six weeks for the spine, right/left hips, cervical, left leg outpatient physical therapy one time a week for six weeks for the spine, right/left hips, cervical, left leg neurology and orthopedic consultation which was not certified in the pre-authorization process on 1/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient aqua therapy one time a week for six weeks for the spine, right/left hips, cervical, left leg.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: Aqua therapy can be 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, or if a patient has previously failed land-based physical therapy. After review of the medical documentation provided there is no documented failure of land-based therapy, or the patient's intolerance to therapy. Based on the current information available this request is not medically necessary.

Outpatient physical therapy one time a week for six weeks for the spine, right/left hips, cervical, left leg: Upheld

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

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

Decision rationale: The California MTUS supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommends a maximum of ten visits. The claimant has multiple chronic complaints listed in the diagnosis, but review of the available medical records, fails to demonstrate any objective clinical documentation of subjective and physical exam findings to warrant the need for physical therapy. Therefore, the request for additional therapy is not medically necessary at this time.

Neurology consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: According to California MTUS ACOEM guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. After reviewing the medical documentation for the 65-year-old male in reference to a neurological consultation/referral there are no objective clinical findings in the provided documentation listing the patient's current status and complaints along the physical findings or diagnostic studies. Due to the illegibility of the written documentation, or absent documentation this request is not medically necessary.

Orthopedic consultation: 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), 2nd Edition, (2004), , Chapter 7 - Independent Medical Examinations and Consultations, Page 127.

Decision rationale: According to California MTUS, ACOEM Guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. After reviewing the medical documentation for the 65-year-old male in reference to an orthopedic consultation/referral; there are no objective clinical findings in the provided documentation listing the patient's current status and complaints along with the physical findings or diagnostic studies. Due to the illegibility of the written documentation, or absent documentation this request is not medically necessary.