MAXIMUS Federal Services

Case Number:	CM14-0032683		
Date Assigned:	04/16/2014	Date of Injury:	03/24/2011
Decision Date:	07/02/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal medicine and is licensed to practice in Arizona. 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 woman with a history of hypertension who sustained a work-related injury on 3/24/11. The nature of the injury was a fall to the hands and knees and resulted in chronic pain of the knees, wrists and low back. The patient was evaluated on 12/30/13 by the treating chiropractor who at that time requested aquatic therapy 12 sessions, CPAP titration, Cardiology consultation for an arrhythmia and a "snoring evaluation" visualization of the upper airway and nasal passages. The requests were denied during a utilization review dated 1/23/14 as not medically necessary. The medical record provided has several visits with the treating chiropractor including dates 12/30/13, 2/21/14 and 3/24/14. On 12/30/13 the injured worker has complaints including constant moderate-severe pain of the lumbar spine, bilateral wrists and bilateral knees. Physical exam showed that the patient uses a cane with a slow/guarded gait with decreased range of motion of the lumbar spine with tenderness to palpation over the paraspinal muscles. The right wrist has decreased flexion to 50 degrees with tenderness to palpation and both knees have decreased range of motion with tenderness to palpation. The diagnoses given are Lumbar disc protrusion, lumbar musculoligamentous injury, bilateral wrist pain and bilateral hand and knee contusions. The treatment plan includes aquatic therapy, CPAP titration study, cardiology referral and snoring evaluation.These studies and consultation are requested based on recommendations by a medical doctor. There is no documentation that the patient has obstructive sleep apnea, palpitations indicating an arrhythmia or any sleep disturbance including snoring. There is no documentation of an original sleep study that would recommend CPAP titration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO AQUATIC THERAPY 3 X 4: Upheld

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

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

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 were reduced weight bearing is desirable. The recommendations on the number of supervised visits are equivalent with the number of visits with physical medicine. In this case there is no documentation to support aquatic therapy over physical therapy. There is no documentation regarding functional status or activities of daily living and any improvement with past therapy. Further aquatic therapy is not medically necessary.

SLEEP STUDY RECOMMENDATIONS: CPAP TITRATION: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Epstein Lj, Kristo D, Strollo PJ Jr, Et Al. J. Clin Sleep Med 2009;5:263.

Decision rationale: The presence or absence and severity of OSA must be determined before initiating treatment in order to identify those patients at risk of developing the complications of sleep apnea, guide selection of appropriate treatment, and to provide a baseline to establish the effectiveness of subsequent treatment. There is no documentation regarding sleep disturbance, symptoms of sleep apnea or a prior sleep study indicating the need for CPAP titration. CPAP titration is not medically necessary.

CARDIOLOGY CONSULT FOR ARRYTHMIAS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition, (2004), Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.Com -Arrhythmia Management For The Primary Care Clinician.

Decision rationale: The initial evaluation of the patient with an arrhythmia consists of a complete history (aimed toward symptoms and timing of the arrhythmia and potential underlying diseases), physical examination, and 12-lead ECG, if possible, during the arrhythmia and without it. The ECG alone during the arrhythmia may determine the type of arrhythmia and whether a particular symptom is due to the arrhythmia. Symptoms caused by cardiac arrhythmias can mimic those due to other medical disorders and include palpitations, dizziness, lightheadedness, syncope, chest discomfort, neck discomfort, dyspnea, weakness, and anxiety. In this case the injured worker did not have any complaints indicating a cardiac arrhythmia and therefore a cardiology consult is not medically necessary.

REFERRAL FOR SNORING EVALUATION, VISUALIZATION OF UPPER AIRWAY/NASAL PASSAGES: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: uptodate.com -Approach To The Adult With Snoring.

Decision rationale: The primary purpose of evaluating patients who snore is to identify potential causes of increased upper airway resistance, so they can be confirmed and treated, if necessary. Snoring is most often associated with obesity or obstructive sleep apnea (OSA). Other potential etiologies that should be considered include nasal congestion and craniofacial abnormalities. Rarely, acromegaly, hypothyroidism, or adenotonsillar hypertrophy can contribute to snoring in adults. Snoring may occur in the absence of a condition known to increase upper airway resistance. Diagnostic testing for suspected craniofacial abnormalities or adenotonsillar hypertrophy may include lateral cephalometric radiographs to provide information about the patency of the patient's upper airway. This is generally performed along with otolaryngology consultation. Factors that should prompt referral include a structural abnormality causing obstruction, cranial nerve dysfunction, severe epitasis, or a mucosal abnormality that has been refractory to a trial of nasal inhaled glucocorticoid medication. There is no documentation to support a sleep disturbance for the injured worker due to snoring or any structural abnormalities that would require otolaryngology consultation. A snoring evaluation is not medically necessary.