MAXIMUS Federal Services

Case Number:	CM14-0034020		
Date Assigned:	06/20/2014	Date of Injury:	01/11/2010
Decision Date:	07/30/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/18/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Pennsylvania, Texas, Ohio, and Michigan. 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 48-year-old female post 1/11/10 occupational neck and lower back injury while moving court document storage boxes to another location. The injured worker has failed previous conservative treatment which includes: prescribed analgesic medications, acupuncture, trigger point injections and physical therapy. The patient also received behavioral therapy for depression and a functional restoration program. The patient utilizes both a walker and wheelchair for ambulatory assistive devices. As of 12/03/13, the injured worker received a total of six aquatic physical therapy sessions for reduction of paracervical and paralumbar muscle spasm. Prior advanced spinal diagnostic imaging studies including the 4/07/10 cervical spine MRI (magnetic resonance imaging) scan demonstrates central disc bulging at levels C3-4 and C4-5. The 4/07/10 lumbar MRI scan L4-5 hypertrophic facet joint changes and an S-2 transitional segment. As of the 1/28/14 physician examination, the patient is authorized for an additional four sessions of aquatic physical therapy. A prior utilization review determination on March 14, 2014 denied twelve aquatic physical therapy sessions at a frequency of once per week, and a rollator walker with handbrakes and a seat, due to a lack of significant objective evidence such as associated weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy one (1) time a week for twelve (12) weeks for lumbar spine: Upheld

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

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

Decision rationale: The requested additional twelve (12), once weekly aquatic physical therapy sessions is not approved because the prior authorized total of 10 aquatic therapy sessions is the maximum allowable according to the MTUS Chronic Pain Guidelines Physical Medicine guidelines. The MTUS states that 8-10 physical therapy sessions over a period of four weeks is indicated for Neuralgia, Neuritis and Radiculitis. As such, the request for Aquatic therapy, one (1) time a week for twelve (12) weeks for lumbar spine is not certified.

Purchase of rollator with handbrakes and seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletins Number:0505, Subject: Ambulatory Assist Devices: Walkers, Canes, and Crutches, Reviewed: September 14, 2004, and Cigna Healthcare, Coverage Position, Subject: Ambulatory Assistance Devices Revised Date: 3/15/2005.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The requested rollator walker with handbrakes and seat is not medically necessary because the injured worker does not demonstrate any associated significant lower extremity neurologic impairment with mobility deficit. Since medical necessity is not established, the request for purchase of rollator with handbrakes and seat is not certified.