MAXIMUS Federal Services

Case Number:	CM14-0043023		
Date Assigned:	07/02/2014	Date of Injury:	03/28/2011
Decision Date:	08/25/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of March 28, 2011. A utilization review determination dated March 27, 2014 recommends non-certification of 12 sessions of pool therapy and transportation to all doctors visits. A progress note dated March 4, 2014 identifies constant neck pain that the patient rates at a 10/10, neck stiffness, radiation to both shoulders, numbness in both upper extremities, increased neck pain with any head maneuver, constant left shoulder pain rated a 10/10 with radiation to the left upper extremity, increased left shoulder pain with our manipulation, constant right shoulder aching pain rated at a 5/10, constant aching lumbar spine pain radiating to both lower extremities rated at a 10/10, and constant aching right ankle pain rated at a 9 - 10/10 that is aggravated with walking and standing. The patient reports difficulty completing activities of daily living, difficulty sleeping, and depression and anxiety. Physical examination identifies diffuse guarding and tenderness of the cervical spine, positive bilateral axial head compression, decreased range of motion of the cervical spine in all planes, decreased bilateral shoulder range of motion at 90 with abduction and forward flexion, positive bilateral shoulder impingement sign, bilateral upper extremity strength testing decreased at 4/5, diminished lumbar lordosis, diffuse lumbar spine tenderness, positive bilateral piriformis tenderness, positive bilateral SI joint sulcus tenderness, positive straight leg raise bilaterally, decreased lumbar spine range of motion in all planes, and tenderness of bilateral ankle joint right greater than left. Diagnoses include severe chronic pain syndrome, probable somatoform disorder, and right ankle internal derangement with osteochondral lesion. The treatment plan recommends a request for a nurse case manager, continuation of care with pain psychologist, continue with NUCCA therapist, and request for pool therapy and transportation assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 22, 98-99 of 127 Page(s): 22, 98-99 of 127.

Decision rationale: Regarding the request for 12 sessions of pool therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Also, the body part(s) that the pool therapy was requested for is not specified. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested 12 sessions of pool therapy are not medically necessary.

Transportation To All Doctor's Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee And Leg Chapter- Transportation (to and from appointments).

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: Medicare Coverage of Ambulance, page 6.

Decision rationale: Regarding the request for transportation to all doctors visits, California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) does not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation be provided when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested transportation to all doctors visits is not medically necessary.