

Case Number:	CM14-0060683		
Date Assigned:	07/09/2014	Date of Injury:	06/23/2004
Decision Date:	09/05/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine 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 38 year-old female with a date of injury of 6/23/04. The mechanism of injury occurred when she fell off a bus while at work. She injured her right ankle, low back, and has hip pain. On 6/11/14, it was noted she was 180 pounds, 4 feet 11 inches tall, her BMI = 36.35, with obesity rated at anything greater than 30. On 3/11/14, she complained of ankle pain. On exam it was noted she rolled her ankle multiple times today, twisted it, and lateral ligaments were very painful. The diagnostic impression is lumbar radicular pain. Treatment to date: surgery, SCS (spinal cord stimulator), physical therapy, medication management. A UR review dated 4/22/14 denied the request for Codeine 30mg/5ml solution and Pool Therapy. The Codeine 30mg/5ml solution was denied on multiple occasions due to lack of functional benefit. The supporting documentation does not provide objective evidence of functional benefit. The Pool Therapy was denied because the supporting documentation progress note does not indicate why aqua therapy is being recommended ("for example, extreme obesity"), nor the objective functional goals or the length and frequency of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Codeine 30mg/5ml solution QTY: 840.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-long term use Page(s): 88, 89 and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no Cures Report or a signed opiate contract noted. Therefore, the request for Codeine 30mg/5ml solution QTY: 840ml is not medically necessary.

Pool Therapy: Upheld

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

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

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. The patient was noted on 6/11/14 to be 4 feet 11 inches tall and weigh 180 pounds, with a BMI = 36.35. This exceeds the BMI of 30, which would place the patient at a rating of extreme obesity. However, although guidelines do support the aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy when reduced weight bearing is indicated, such as with extreme obesity which she has based on her BMI of 36.35, the request as submitted cannot be supported without a specific quantity and length of session noted. Therefore, the request for Pool Therapy was not medically necessary.