

Case Number:	CM14-0060922		
Date Assigned:	07/09/2014	Date of Injury:	05/06/2008
Decision Date:	08/12/2014	UR Denial Date:	04/04/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 55-year-old female who reported an unknown injury on 05/06/2008. On 11/19/2013, she presented for a followup of her chronic lumbar back pain. The note stated that her symptoms had continued to slowly improve. She had benefited from physical therapy and felt that this had helped her with gait stability, activity tolerance, and allowed her to slowly decrease her pain medications. She had an L3 through S1 laminectomy on 07/10/2013. The note states that her leg pain had significantly improved and was only bothersome at night while she was lying on her left side. Lumbar spine x-rays performed the date of the examination revealed intact posterior lumbar spine instrumentation without signs of loosening or failure. An examination of the lumbosacral spine revealed no tenderness to palpation, no pain, and no spasms. Sensation was normal. Range of motion of her lumbar spine measured in degrees was flexion 60, lumbar extension 20, right rotation 45, left rotation 45, right lateral flexion 20 and left lateral flexion 20. At that time, physical therapy was recommended and it did continue until 02/04/2014. No results were documented. In the follow-up visit of 02/07/2014, her past surgical history included an L4-5 decompression of the spinous process plate in 2010, the laminectomy previously mentioned in 07/2013, and a C4-5 anterior cervical decompression and fusion in 2011. Her medications included Norco 5/325 mg, Naprosyn 500 mg, Valium 5 mg, and tizanidine 4 mg. Her diagnoses included degenerative lumbar disc disease, lumbar spinal stenosis, and chronic radicular low back pain. On 02/04/2014 in a physical therapy progress note, it was documented that this worker had pain in the morning and only got relief from a hot pack or warm bath. The rationale for the requested hot pack and tub was that she was having pain and difficulty getting in and out of her bathtub. There was no rationale for the requested physical therapy. A request for authorization dated 03/07/2014 was included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC Low back, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Physical Medicine Page(s): 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend passive therapy which can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing of soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The physical medicine guidelines allow for fading of treatment frequency, from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The allowable schedule of visits for neuralgia, neuritis, and radiculitis is 8 to 10 visits over 4 weeks. Between 11/06/2013 and 02/04/2014, this worker had completed 8 sessions of physical therapy, but there was no documentation attesting to objective improvements of functioning or remaining functional deficits that would benefit from continued physical therapy. There was no documentation of a home exercise program having been initiated for this worker. Additionally, the request did not specify a number of sessions or the body parts to be treated. Therefore, the request for Additional sessions of physical therapy is not medically necessary and appropriate.

Hot Moist Hot pack: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-therapeutic heat or cold.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) recommends relieving discomfort can be accomplished most safely by nonprescription medication or an appropriately selected nonsteroidal anti-inflammatory drug, appropriate adjustment of activity, and use of thermal modalities such as ice and/or heat. Although heat itself can be therapeutic, there is no documentation or rationale noted for the application of an elaborate heat producing device as opposed to standard application of a warm, moist towel or other alternatives which are readily available such as hot showers or hot baths. Therefore, this request for Hot Moist Hot pack is not medically necessary and appropriate.

Walk In Tub: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DMECMS Medicare Benefit Policy Manual Chapt 15, section 10.1 DME.

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, Durable medical equipment (DME).

Decision rationale: In the Official Disability Guidelines, durable medical equipment (DME) section of the knee chapter, DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can stand repeated use, i.e. could normally be rented by successive patients and is primarily and customarily used to serve a medical purpose. A walk in tub is not a rental item which can be used by successive patients nor does it serve a medical purpose. Additionally, there is no documentation of failed trials of less complex assistive devices. Therefore, this request for walk in tub is not medically necessary and appropriate.