

<b>Case Number:</b>	CM14-0064906		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/19/2003
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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. 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 53-year-old male who reported an injury on 04/19/2003 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to multiple body parts to include his left hand, shoulder, and low back. The injured worker's treatment history included surgical intervention, postoperative physical therapy, medications, and a home exercise program. The injured worker was evaluated on 03/19/2014. It was noted that the injured worker had persistent right shoulder pain. It was also noted that the injured worker had previously seen an orthopedic specialist who recommended facet injections for the injured worker's back. It was documented that the injured worker was benefiting from a home exercise program. The injured worker's treatment plan included diagnostic and therapeutic facet injections, and gym membership. A Request for Authorization dated 03/13/2014 was submitted for facet blocks, both diagnostic and therapeutic at the L4-5 and L5-S1 levels. A Request for Authorization dated 05/12/2014 was submitted for an H-wave therapy unit. However, all other requests were not supported by a Request for Authorization or justification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The requested physiotherapy consultation is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does support that the injured worker is participating in an effective home exercise program. Therefore, the need for additional for physiotherapy consultation is not indicated in this clinical situation. As such, the requested physiotherapy consultation is not medically necessary or appropriate.

**Gym membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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 Official Disability Guidelines (ODG), Low Back Chapter, Gym memberships.

**Decision rationale:** The requested gym membership is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this request. Official Disability Guidelines do not recommend gym memberships as a medical prescription unless the patient has failed to progress through a home exercise program and requires additional equipment that cannot be provided within the home. The clinical documentation submitted for review does not provide any evidence that the injured worker is not effectively participating in a home exercise program. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. The request is not medically necessary and appropriate.

**Diagnostic and therapeutic facet blocks L4-5 & L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment in Worker Compensation, 5th edition, 2010, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,308-310.

**Decision rationale:** The requested Diagnostic and therapeutic facet blocks L4-5 & L5-S1 are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support the use of facet injections for therapeutic purposes. It is recommend that injured worker's undergo radiofrequency ablation based on responses to diagnostic facet injections. However, as the request is for both diagnostic and therapeutic facet blocks, the request itself would not be supported. As such, the requested Diagnostic and therapeutic facet blocks L4-5 & L5-S1 are not medically necessary or appropriate.

**H-wave shoulders and back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends this type of treatment to be an adjunctive treatment to an active therapeutic rehabilitation program. The clinical documentation submitted for review does indicate that the injured worker is participating in a home exercise program. However, California Medical Treatment Utilization Schedule recommends the purchase of an H wave unit be based on documented functional benefit provided during a 30 day home trial. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone a home trial and would benefit from the purchase of this durable medical equipment. As the request as it is submitted does not clearly identify a duration of treatment, the appropriateness of the request itself cannot be determined. As such, the requested H-wave for shoulders and back is not medically necessary or appropriate.

**Conservative/physiotherapy for bilateral shoulders:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker is participating in an effective home exercise program. Therefore, the need for additional physiotherapy would not be supported. Furthermore, the request as it is submitted does not clearly identify a duration of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Conservative/physiotherapy for bilateral shoulders is not medically necessary or appropriate.

**Ongoing internal medicine treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page(s) 127 Official Disability Guidelines (ODG) Pain chapter, Office Visits.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends specialty consultations for patients who have complicated diagnoses and would benefit from additional expertise for treatment planning. The clinical documentation does indicate that the injured worker has cardiac issues that would benefit from evaluation from an internal medicine physician. It is noted that the injured worker was previously evaluated by an internal medicine physician. However, Official Disability Guidelines recommend office visits be determined by the need for treatment and established by previous evaluation. The clinical documentation submitted for review does not support the need for open ended ongoing treatment. As such, the requested ongoing internal medicine treatment is not medically necessary or appropriate.