

Case Number:	CM14-0065590		
Date Assigned:	07/11/2014	Date of Injury:	02/01/1999
Decision Date:	09/17/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	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 & Rehabilitation/Pain Management and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 02/01/1999. The mechanism of injury was not provided within the medical records. The clinical note dated 04/02/2014 indicated diagnoses of spondylolisthesis, osteoarthritis of the right knee, chronic pain syndrome, degeneration of cervical intervertebral disc and osteoarthritis of the left knee. The injured worker reported bilateral knee pain rated 7/10. The injured worker reported a request to have acupuncture, physical therapy, and aquatic therapy under future medical care. The injured worker reported low back pain described as 7/10 and requested a support brace. Physical examination of the lumbar spine noted tenderness to palpation of the paraspinals midline and lumbar interspinous ligaments at T12-L5. The injured worker had full range of motion and full motor strength in the bilateral lower limbs. Sensation was within normal limits throughout the bilateral lower limbs. The examination of the knee revealed tenderness of the bilateral medial joint line, lateral joint line and patellofemoral crepitus was present. The injured worker's motor strength was 5/5. The injured worker's treatment plan included pain medications and prior treatments included diagnostic imaging, physical therapy, and acupuncture. The provider submitted a request for physical therapy, acupuncture and aquatic therapy. A request for authorization dated 04/03/2014 was submitted for physical therapy, acupuncture, and aquatic therapy; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SIX (6) VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: The request for physical therapy six (6) visits is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation indicating the injured worker's amount of sessions and efficacy of the prior therapy. In addition, there is a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the completed physical therapy should have been adequate to transition the injured worker to a home exercise program. The injured worker may continue with exercises such as strengthening, stretching, and range of motion. Therefore, per the guidelines, the request for physical therapy six (6) visits is not medically necessary.

ACUPUNCTURE SIX (6) VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture six (6) visits is not medically necessary. The California MTUS guidelines recognize acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. There is a lack of clinical evidence indicating the injured worker had a reduction in medication as a result of acupuncture. In addition, the provider did not indicate a rationale for the request. Moreover, the request does not indicate a site or time frame for the acupuncture. Therefore, the request for acupuncture is not medically necessary.

AQUA THERAPY SIX (6) VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 98.

Decision rationale: The request for aqua therapy six (6) visits is not medically necessary. The California MTUS guidelines recommend physical therapy for neuralgia, neuritis, and radiculitis be limited to 8 to 10 visits over 4 weeks. In addition, the overall goal of physical therapy is to restore functional deficits. Moreover, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is a lack of documentation regarding the injured worker's inability to participate in land-based exercise such as decreased weightbearing or obesity. In addition, there is a lack of objective clinical findings of orthopedic or neurologic deficiencies to support aquatic therapy. Moreover, the request did not specify a time frame or a body part for the aquatic therapy. Therefore, the request for aqua therapy is medically not necessary.