

<b>Case Number:</b>	CM14-0073252		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 67 year old patient with date of injury of 3/21/2011. Medical records indicate the patient is undergoing treatment for carpal tunnel syndrome, sprains and strains of lumbar, wrist strain, and a knee contusion. Subjective complaints include moderate lower back pain described as constant, dull, achy, and sharp. Multiple activities heighten the pain such as repetitive sitting, standing, walking, and stair climbing. Patient claims that aqua therapy helps with strength and range of motion. Patient also complains of left wrist pain described as intermittent, moderate, dull, achy and sharp with numbness and tingling. Patient also claims that wrist is weakened for activities such as twisting, grabbing, and grasping. Pain is also reported in both knees with similar descriptions (constant, dull, achy and sharp) with multiply activities increasing the pain. Pain causes loss of sleep, anxiety and depression. Objective findings include range of motion for lumbar spine flexion 15, left and right lateral bending 15. Tenderness to palpation in paralumbar muscles with spasm in lumbar paravertebral soft tissues. Sitting straight leg raise and Kemp's Test were positive bilaterally. Patient experienced pain in left wrist in all range of motion: flexion 50/60 extension 50/60, radial deviation 20/20, deviation 20/20 and ulnar deviation 30/30. Tenderness to palpation in dorsal wrist, lateral wrist volar wrist with positive Phalen's bilaterally. Left knee range of motion was decreased and had positive tenderness to palpation in anterior, lateral, medial and posterior knee with positive McMurray sign. Range of motion in right knee is decreased with pain to palpation in all of knee with positive McMurray sign. Patient has antalgic gait and uses a cane. Treatment has consisted of a knee brace, Elavil, Xanax, Norco, LINT, physical therapy, knee brace, and aquatic therapy. The utilization review determination was rendered on 4/18/2014 recommending non-certification of 6 Intense Neurostimulation Therapy sessions and 12 Aquatic Therapy Sessions for Bilateral Knees/ Lumbar Spine, and a follow-up appointment with [REDACTED].

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **6 Intense Neurostimulation Therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulator (PENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS) Page(s): 97.

**Decision rationale:** CA MTUS states "Not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. Percutaneous electrical nerve stimulation (PENS) is similar in concept to transcutaneous electrical nerve stimulation (TENS) but differs in that needles are inserted to a depth of 1 to 4 cm either around or immediately adjacent to the nerve serving the painful area and then stimulated. PENS are generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity)". Medical files do not indicate participation in a program of evidence-based functional restoration or TENS. As such, the 6 intense neurostimulation therapy sessions are not medically necessary.

### **12 Aquatic Therapy Sessions for Bilateral Knees/ Lumbar Spine: 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, Physical Medicine Page(s): 22,98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Aquatic Therapy, Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Aquatic Therapy.

**Decision rationale:** California MTUS guidelines state that "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." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP". The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report "severe degenerative joint disease". Records provided indicate that the patient received numerous physical therapy sessions (to include home exercises). No objective clinical findings were provided, however, that delineated the outcome of those physical therapy

treatments. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. As such, the current request for 12 Aquatic Therapy Sessions for Bilateral Knees/ Lumbar Spine is not medically necessary.

**Follow Up with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7- Independent Medical Examinations and Consultations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

**Decision rationale:** MTUS is silent regarding visits to a podiatrist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". The patient saw a podiatrist on January 10, 2014 and the treating physician notes that the current request for a visit is for final recommendations from the podiatrist. However, the treating physician did not provide a copy of the podiatrist recommendations from the January visit. In addition, the treating physician did not provide a medical rationale as to why a podiatry consult is needed at this time. As such, the request for Follow Up with [REDACTED] is not medically necessary.