

Case Number:	CM14-0184934		
Date Assigned:	11/12/2014	Date of Injury:	06/28/2010
Decision Date:	01/02/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/05/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 56 year old male with an injury date on 06/28/2010. Based on the 10/13/2014 progress report provided by the treating physician, the diagnoses are: 1. Status post cervical spine surgery 02/05/2014. 2. Disc protrusion, lumbar 3. Stenosis, lumbar 4. Right shoulder status post surgery, 12/26/2013. 5. Sprain/strain, left shoulder 6. Right wrist tenosynovitis 7. Right carpal tunnel syndrome 8. Status post left wrist 07/15/2014. 9. Sleep disturbance 10. Psych component 11. Trigger finger, right 12. Internal diagnosis According to this report, the patient complains of "constant moderate neck pain, stiffness, and tingling" and "constant severe low back pain, stiffness, heaviness, and weakness." The patient also complains of right shoulder, left wrist, and right trigger finger pain. Physical exam reveals tenderness over the cervical/ lumbar paraspinal muscles, bilateral SI joints, bilateral trapezii muscles, right shoulder joint, bilateral volar wrist, and lateral wrist. Range of motion of the cervical, lumbar, right shoulder, and bilateral wrist is painful. There were no other significant findings noted on this report. The utilization review denied the request for Aquatic therapy 2-3 times a week for 6 weeks and Follow up with [REDACTED] on 10/20/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/12/2014 to 11/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2-3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy ,Physical Medicine Page(s): 22,98,99.

Decision rationale: According to the 10/13/2014 report, this patient presents with constant neck and low back pain, right shoulder, and left wrist pain. The current request is for Aquatic therapy 2-3 times a week for 6 weeks but the treating physician's report and request for authorization containing the request is not included in the file. Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of reports from 05/12/2014 to 11/17/2014 shows no therapy reports and no discussion regarding the patient's progress. In this case, the treating physician failed to discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. Given no recent therapy history, a short course of therapy may be reasonable to address flare-up's or change in clinical presentation. However, the requested 12-18 sessions exceed what is allowed per MTUS and there is no discussion as to why the patient cannot tolerate land-based therapy. Recommendation is for denial.

Follow up with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 8.

Decision rationale: According to the 10/13/2014 report, this patient presents with constant neck and low back pain, right shoulder, and left wrist pain. The current request is for Follow up with [REDACTED] (a neuro surgeon) but the treating physician's report and request for authorization containing the request is not included in the file. Regarding treatments sessions, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, the patient presents with chronic pain for more than 4 years with surgery to the cervical spine recently. The requested follow up visit with [REDACTED] appears reasonable and medically indicated. Recommendation is for authorization.