

Case Number:	CM14-0186600		
Date Assigned:	11/14/2014	Date of Injury:	06/14/1999
Decision Date:	01/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 14, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the course of the claim; a knee brace; corticosteroid injection therapy for the knee; viscosupplementation injections to the knee; and apparent retirement from the workplace. In a utilization review report dated October 30, 2014, the claims administrator denied a request for continuing physical therapy, denied an ergonomic exercise bike, and partially approved a request for a TENS unit as a 30-day trial of the same. The applicant's attorney subsequently appealed. In a July 3, 2014, progress note, the applicant reported ongoing complaints of left knee pain. The applicant was riding his bike daily. Persistent complaints of foot pain were also noted. The applicant was retired, it was acknowledged, at age 58. The applicant exhibited a balanced gait with some difficulty performing squatting, heel rising, and toe rising. Well-preserved knee range of motion was appreciated. The applicant was given a primary diagnosis of knee arthritis. Additional physical therapy was endorsed. The applicant was asked to continue home exercises. Viscosupplementation injections and a podiatry consultation were also sought. The applicant was asked to employ over-the-counter NSAIDs on an as needed basis. In an October 21, 2014, progress note, the applicant reported 4/10 low back pain radiating into the legs. The applicant was using over-the-counter Motrin for pain relief, which he stated was effective. Well-preserved lower extremity strength ranging from 4+ to 5/5 was appreciated, despite lumbar paraspinal tenderness. Additional physical therapy, a home TENS unit, and ergonomic exercise bike were sought. It was stated that the applicant had previously participated in physical therapy and was slowly improving. In a September 9, 2014, progress note, the applicant was described as having

retired in April 2014. The applicant was previously working up through that point in time, it was stated. The applicant was not receiving a pension, it was stated. 12 sessions of physical therapy were sought and apparently performed in September, October, and November 2014, it was later stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation Of Physical Therapy For The Lumbar Spine 2 Times A Week For 6 Weeks: Upheld

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

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

Decision rationale: The applicant has already had prior treatment in late 2014 alone (12 sessions), seemingly in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue reportedly present here. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, all documentation on file points to the applicant as having already successfully transitioned to a home exercise program. The applicant was described as successfully performing home exercises on several occasions, referenced above, including usage of an exercise bike at home; it was stated on a progress note of July 3, 2014. The applicant has already successfully transitioned to a home exercise program, thus, effectively this obviates the need for further formal physical therapy. Accordingly, the request is not medically necessary.

Home Tens Unit With Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase and/or provision of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during the said 1-month trial, in terms of both pain relief and function. Here, however, the request was apparently initiated as a purchase without evidence of a previously successful 1-month trial of TENS unit at issue. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.

Ergonomic Exercise Bike: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 309, 83, Chronic Pain Treatment Guidelines Exercise Topic Page(s): 46-47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The exercise bike being sought by the attending provider, per ACOEM, thus, is an article of applicant responsibility as opposed to an article of payer responsibility. Similarly, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 also takes a position that back-specific exercise machines, an article essentially analogous to the ergonomic exercise bike at issue here, are deemed "not recommended." Finally, pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines note that there is no recommendation in favor of one particular form of exercise over another. Here, the applicant was already described as independently performing home exercises on a bike as of an office visit of July 3, 2014. It is not clear why an ergonomic exercise bike was later sought as the applicant was already described as biking successfully of his own accord on an earlier office visit of July 3, 2014. Again, however, ACOEM Chapter 12, Table 12-8, page 309 notes that specific exercise machines are "not recommended. The exercise bike at issue, thus, is what amounts to an article of personal convenience for the applicant. While this may represent the applicant's preferred form of exercising, this is, ultimately, a matter of personal convenience and/or personal preference, as pages 46-47 of the MTUS Chronic Pain Medical Treatment Guidelines do not advocate in favor of one particular form of exercise over another. Therefore, the request is not medically necessary.