

Case Number:	CM14-0207890		
Date Assigned:	02/04/2015	Date of Injury:	07/26/2004
Decision Date:	04/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old male who reported an injury on 07/26/2004. The mechanism of injury was the injured worker was standing on a car that was on the lift and he lost his footing and fell into the pit, landing on his left knee. The injured worker underwent x-rays and physical therapy for the left knee and right knee. The injured worker underwent arthroscopic surgery of the left knee on 10/14/2004. The injured worker's surgical history included total knee replacements bilaterally. The injured worker underwent an MRI of the lumbar spine on 08/06/2014. The injured worker underwent an MRI of the cervical spine. There was no Request for Authorization submitted for review. The documentation of 11/10/2014 revealed the injured worker had pain in the cervical and lumbar region. The injured worker had ongoing radiating pain from the neck to left shoulder, arm, forearm, and hand. The injured worker developed weakness of the left hand. The injured worker had ongoing pain in the sacrococcygeal region and was unable to sit or stand for long periods of time. The injured worker indicated he had poor sleep. The physical examination revealed guarding of the cervical spine with decreased range of motion. The injured worker had palpable tenderness to the cervical paraspinals and upper trapezii muscles, left greater than right. The injured worker had decreased range of motion. The physical examination of the lumbar spine revealed decreased range of motion and tenderness to the paraspinals of L1 and S1, tenderness to the SI joint and upper gluteal muscles, and tenderness to the coccygeal region to palpation. The injured worker had a positive Spurling's to the left and right arm. There was diffuse weakness of 4/5 in the interossei muscles of the left hand. The right hand revealed 4/5 weakness in the distribution of the interossei muscles, otherwise 4/5

motor strength in the biceps, triceps, and wrist flexors and extensors of the bilateral upper limbs. There was decreased light touch and pinprick in the distribution of the left upper limb ulnar nerve. The lower extremity examination revealed intact sensation to light touch and pinprick. There was wasting of the quadriceps bilaterally. The deep tendon reflexes were 1+ at the ankles. The diagnoses included low back pain, lumbosacral myofasciitis, thoracolumbar spine pain, and cervical spine pain. The treatment plan included aquatic therapy and physical therapy combined as it was noted to be an intervention that helped the injured worker previously. Additionally, the request was made for Norco and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck, left upper extremity, right knee and low back 2 times a week for 4 weeks: Upheld

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 Physical Medicine Page(s): 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend up to 10 sessions for myalgia, myositis, and radiculitis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical medicine treatment which was found to be beneficial. However, there was a lack of documentation of objective functional benefit and remaining objective functional deficits. There was a lack of documentation of the quantity of sessions previously attended. The injured worker should be well versed in a home exercise program. Given the above, the request for physical therapy for the neck, left upper extremity, right knee and low back 2 times a week for 4 weeks is not medically necessary.

Aqua therapy for the neck, left upper extremity, right knee and low back 1 time weekly for 4 weeks: Upheld

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 Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy specifically for injured workers who have a necessity for reduced weight bearing. Additionally, the quantity of sessions is the same as physical therapy, which is 10 sessions of myalgia, myositis, and radiculitis. There was a lack of documentation indicating a necessity for both aquatic and physical medicine treatment. The guidelines for treatment are the same and the use of both aquatic therapy and land based therapy would be duplicative treatment.

The documentation indicated the injured worker had previously undergone physical therapy combined with aquatic therapy, which was beneficial. However, there was a lack of documentation of objective functional benefit and the quantity of sessions. There was a lack of documentation of the remaining objective functional deficits to support the necessity for therapy. Given the above, the request for aqua therapy for the neck, left upper extremity, right knee and low back 1 time weekly for 4 weeks is not medically necessary.

Sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Criteria for Polysomnography.

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

Decision rationale: The Official Disability Guidelines indicate that polysomnography is recommended after at least 6 months of an insomnia complaint of at least 4 nights a week that has been unresponsive to behavioral intervention and sedative/sleep promoting medications and after psychiatric etiology has been excluded. There should be documentation of excessive day somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep breathing disorder or periodic limb movement disorder that is suspected, and that the insomnia complaint has persisted for at least 6 months. The clinical documentation submitted for review indicated the injured worker had a sleep disorder. The injured worker indicated he had poor sleep. There was a lack of documentation meeting the above criteria for a polysomnogram. Given the above, the request for sleep study is not medically necessary.