

Case Number:	CM15-0103851		
Date Assigned:	06/08/2015	Date of Injury:	06/20/2011
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66 year old male, who sustained an industrial injury on 06/20/2011. According to the only partially legible handwritten progress report submitted for review and dated 06/11/2015, the injured worker complained of constant lumbar spine pain and occasional right knee pain. He ambulated with a walker. Diagnoses included degenerative arthritis right knee, multiple compression fractures lumbar spine, osteoporosis/osteopenia, hypertension. The treatment plan included aqua rehab, podiatry consult, internist consult, MRI of the lumbar spine, Ibuprofen and Prilosec. The injured worker was temporarily totally disabled. Currently under review is the request for Methoderm, 18 aqua therapy sessions, interferential unit rental, consultation with internist and consultation with podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm 240g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topicals Page(s): 111.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence for failed treatment by other modalities or any evidence of further clinical reasoning for the request due to the illegibility of provided notes makes the requested treatment not medically necessary.

18 Aqua Therapy sessions 2-3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Utilization review denied the request for aquatic therapy (18 visits) based on lack of specific rationale/inability to benefit from land-based therapy. The Official Disability Guidelines discuss aquatic therapy, which may be reasonable as a treatment modality at this time, however, only one illegible recent document has been provided to aid in decision-making. Recent evidence supports water based exercises producing improvements in disability and quality of life in patients with chronic low back pain. Per the MTUS guidelines, time to produce effect is estimated to be 4-6 treatments with manual therapy and manipulation, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, without recent evidence of a plan for reassessment/re-evaluation for functional improvement/efficacy, etc., the request is not medically necessary.

IF unit rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS Page(s): 118-120.

Decision rationale: The MTUS guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention. There are no standardized protocols for the use of interferential therapy, and the evidence does not support clear value to treatment, and while not recommended as an isolated intervention, patient's should be selected for consideration only by meeting the

following criteria: pain ineffectively controlled due to diminished effectiveness of medications or pain is ineffectively controlled with medications due to side effects. Additional criteria may include history of substance abuse or significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures (repositioning, heat/ice, etc.). If the aforementioned criteria are met, consideration of a one-month trial may be appropriate to assess added benefit of treatment. The provided records do not discuss the criteria that would support consideration of ICS therapy, and therefore given the provided records, the request is not medically necessary.

Consultation with internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 330.

Decision rationale: The MTUS addresses consultation with other specialists in cases where symptoms are persistent and further specialty consultation may provide clinical value in treatment/diagnosis. In this case, the provided record is difficult to read, and there is no clear explanation for the reasons consultations with internal medicine or podiatry are being requested. Without further details regarding the requests are not medically necessary at this time.

Consultation with podiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 13 Knee Complaints Page(s): 92, 303.

Decision rationale: The MTUS addresses consultation with other specialists in cases where symptoms are persistent and further specialty consultation may provide clinical value in treatment/diagnosis. In this case, the provided record is difficult to read, and there is no clear explanation for the reasons consultations with internal medicine or podiatry are being requested. Without further details regarding the requests are not medically necessary at this time.