

Case Number:	CM15-0106825		
Date Assigned:	06/11/2015	Date of Injury:	01/13/2006
Decision Date:	07/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/02/2015

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: California
 Certification(s)/Specialty: Internal 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 52 year old female who sustained an industrial injury on 01/13/06. Initial complaints and diagnoses are not available. Treatments to date include medications, epidural steroid injections, TENS, and trigger point injections. Diagnostic studies include a cervical spine MRI on 03/16/15. Current complaints include neck and low back pain. Current diagnoses include cervical and lumbar radiculopathy, right shoulder pain, fibromyalgia, osteoarthritis of the right hip, anxiety, depression, gastritis, hypertension, chronic nausea and vomiting, non-steroidal intolerance, gastrointestinal bleeding, and right shoulder pain. In a progress note dated 01/13/06 the treating provider reports the plan of care as home exercise program, a cervical epidural steroid injection, and trigger point injections on the day of service. The requested treatment includes physical therapy, aquatic therapy, and Saunders home cervical traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) to three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for fractures, 16 visits of postsurgical physical therapy are recommended. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The date of injury was 01/13/2006. Past treatments have included PT physical therapy. The pain medicine report dated May 8, 2015 documented neck pain and low back pain. No functional improvement with past physical therapy was documented. Physical therapy two to three times a week for four weeks was requested. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. MTUS and ODG guidelines do not support request for 8-12 physical therapy visits. Therefore, the request for physical therapy two to three times a week for four weeks is not medically necessary.

Aqua therapy, two to three (2-3) times a week for four (4) weeks: 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 Page 22. Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the

number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The date of injury was 01/13/2006. Past treatments have included PT physical therapy. The pain medicine report dated May 8, 2015 documented neck pain and low back pain. No functional improvement with past physical therapy was documented. Per MTUS, aquatic therapy is specifically recommended where reduced weight bearing is desirable, which is not exhibited in the 5/8/15 progress report. Therefore, the request for aquatic therapy is not supported by MTUS guidelines. MTUS and ODG guidelines do not support request for 8-12 aquatic therapy sessions. Therefore, the request for aqua therapy two to three times a week for four weeks is not medically necessary.

Saunders home cervical traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 173-174, 181.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses traction. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints indicates that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints indicates that traction is not recommended. The pain medicine report dated May 8, 2015 documented neck pain and low back pain. Saunders home cervical traction was requested. ACOEM 2nd Edition indicates that that traction is not recommended for neck and upper back conditions. Therefore, the request for Saunders home cervical traction is not medically necessary.