MAXIMUS Federal Services

Case Number:	CM15-0108155		
Date Assigned:	06/15/2015	Date of Injury:	08/02/2012
Decision Date:	08/21/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 41-year-old male who sustained a work related injury August 2, 2012. Past history included tendon sheath incision for trigger finger, 2012. An MRI of the lumbar spine, dated March 18, 2014 (report present in the medical record) revealed moderate paracentral disc protrusion causing moderate central canal stenosis at L1-2. According to a treating physician's progress notes, dated April 6, 2015, the injured worker presented with complaints of chronic low back pain, rated 8/10, described as sharp, stabbing, and burning, and radiating down both legs, intermittently right or left leg. He reports legs going numb while sitting on the toilet. He walks with a limp due to pain, greater in the left leg and sometimes dragging the left leg. He complains of severe spasms in back muscles with radiating pain down to the buttocks and about knee level. Pain is worse with extension and worse with prolonged sitting and standing. Diagnoses are documented as chronic back pain; continuous opioid dependence; lumbar degenerative disc disease; lumbar radiculopathy; myofascial muscle pain. On April 7, 2015, the injured worker underwent a L4-5 interlaminar epidural steroid injection. Diagnoses were documented as lumbar radiculopathy and lumbar degenerative disc disease. At issue, is the request for authorization for aqua therapy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 12 Sessions for Right Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." ODG further quantifies physical therapy for the elbow with: ODG Physical Therapy Guidelines General: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long term resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Sprains and strains of elbow and forearm (ICD9 841): Medical treatment: 9 visits over 8 weeks. Post-surgical treatment/ligament repair: 24 visits over 16 weeks. Lateral epicondylitis/Tennis elbow (ICD9 726.32): Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. Medial epicondylitis/Golfers' elbow (ICD9 726.31): Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. Enthesopathy of elbow region (ICD9 726.3): Medical treatment: 8 visits over 5 weeks. Post-surgical treatment: 12 visits over 12 weeks. Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Medical treatment: 14 visits over 6 weeks. Post-surgical treatment: 20 visits over 10 weeks. Olecranon bursitis (ICD9 726.33): Medical treatment: 8 visits over 4 weeks. Dislocation of elbow (ICD9 832): Stable dislocation: 6 visits over 2 weeks. Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks. Fracture of radius/ulna (ICD9 813): Post-surgical treatment: 16 visits over 8 weeks. Fracture of humerus (ICD9 812): Medical treatment: 18 visits over 12 weeks. Post-surgical treatment: 24 visits over 14 weeks. Ill-defined fractures of upper limb (ICD9 818): 8 visits over 10 weeks. Arthropathy, unspecified (ICD9 716.9): Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks. Rupture of biceps tendon (ICD9 727.62): Post-surgical treatment: 24 visits over 16 weeks. The patient has received an unspecified total number of physical therapy session to the right elbow over the last couple of years. The treating physician notes lack detailed objective findings in order to determine if functional improvement. The request is well past the timeframe allowed per guidelines. The treating physician does not explain the extenuating circumstances to allow for an exception to the guidelines. As such, the request for PT 12 Sessions for Right Elbow is not medically necessary.

PT 12 Sessions for Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate previous PT and that the patient has some improvement but does not document objective functional improvement. There is no documentation of on-going HEP. As such, the request for PT 12 Sessions for Low Back is not medically necessary.

Aqua Therapy 12 Sessions Right Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

Decision rationale: California MTUS guidelines state that "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report severe degenerative joint disease. Records provided indicate that the patient received numerous physical therapy sessions. No objective clinical findings were provided, however, that delineated the outcome of those physical therapy treatments. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. This request is for the elbow which is not a weight bearing joint and not applicable. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The number of requested visits is in excess of the initial six-visit trial. The treating physician does not document a reason to grant additional visits in excess of this trial. As such, the request for Aqua Therapy 12 Sessions Right Elbow is not medically necessary.

Aqua Therapy 12 Sessions Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

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