MAXIMUS Federal Services

Case Number:	CM15-0108487		
Date Assigned:	06/15/2015	Date of Injury:	08/30/2013
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 59-year-old male, who sustained an industrial injury on 08/30/2013. He reported a fall on the date of injury. The injured worker was diagnosed as having left hip osteoarthritis, back pain, and left radiculopathy. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, at least 12 sessions of land physical therapy and aquatic physical therapy, acupuncture with an unknown quantity, home exercise program, and medication regimen. In a progress note dated 05/14/2015 the treating physician reports complaints of continued restricted range of motion to the bilateral hips along with intermittent soreness of the low back that is noted to be more intense on the left flank side. Examination reveals restricted left hip motion, fixed external rotation of the right hip with no internal rotation and slight groin pain, and slight left low back pain with palpation. The treating physician noted that previous acupuncture and aqua therapy was beneficial to the injured worker noting that the injured worker now has improvement in movement and can move farther. The injured worker was able to ambulate originally to a distance of 50 feet and is now able to move to a distance of 100 feet, but the medical records did not contain any documentation on improvement in the injured worker's ability to perform activities of daily living or if the injured worker had any decrease in pain secondary to therapy. The treating physician requested aqua therapy 2 times 6 visits for a total of 24 visits in 2015 and acupuncture 2 times 6 visits for a total of 24 visits in 2015 noting that these treatments would be beneficial to the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times 6, for 24 visits in 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has participated in previous acupuncture with at least 12 prior sessions. Current clinical exam show no specific physical impairments or clear dermatomal/ myotomal neurological deficits to support for treatment with acupuncture to the spine. The patient has been certified physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial. The Acupuncture, 2 times 6, for 24 visits in 2015 is not medically necessary and appropriate.

Aqua therapy, 2 times 6, for 24 visits in 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Aquatic Therapy does not seem appropriate, as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom

complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aqua therapy, 2 times 6, for 24 visits in 2015 is not medically necessary and appropriate.