

Case Number:	CM15-0130308		
Date Assigned:	07/16/2015	Date of Injury:	08/05/2013
Decision Date:	09/22/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28 year old man sustained an industrial injury on 8/5/2013. The mechanism of injury is not detailed. Diagnoses include post-concussive syndrome with headaches, lumbosacral sprain/strain, sacroiliac joint pain, lumbar disc protrusion, and rule out lumbar radiculitis versus radiculopathy, bilateral shoulder sprain/strain, bilateral shoulder impingement syndrome, and tenosynovitis of the right shoulder. Treatment has included oral medications. Physician notes dated 6/11/2015 show complaints of severe headaches rated 8/10, severe low back pain and stiffness rated 8/10 with radiation to the left leg with weakness, and right shoulder pain rated 8/10 with numbness and tingling radiating to the fingers. Recommendations include aquatic therapy, electromyogram/nerve conduction studies of the bilateral lower extremities, functional capacity evaluations, neurology and orthopedic consultations, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Injured workers 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. (Colorado, 2002) (Airaksinen, 2006) Injured worker-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of injured workers with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. There is no indication from the documents available for review to substantiate the necessity for aquatherapy as opposed to land-based physical therapy. Therefore, at this time, the requirements for treatment have not been met; the request is not medically necessary.

Orthopedic referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the requested referral. There is no body part

requested. Therefore, at this time, the requirements for treatment have not been met; the request is not medically necessary.

Neurologist referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The ACOEM Chapter 2 on General indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the requested referral. There is no rationale provided to support the request for a neurologist. Therefore, at this time the requirements for treatment have not been met; therefore, the request is not medically necessary.

FCE (Functional Capacity Evaluation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, pages 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations, pages 132-139.

Decision rationale: ACOEM Chapter 7, Independent Medical Examinations and Consultations, pages 132-139, indicates that Functional capacity evaluations may be ordered by the treating physician to further assess current work capability if the physician feels that information from such testing is crucial. FCE may establish physical abilities and also facilitate the examinee / employer relationship for return to work. In addition, ODG recommend a FCE prior to admission to a Work Hardening program, especially for assessments tailored to a specific job. According to the documents available for review, there is no indication that the IW has attempted to return to work unsuccessfully or is entering a work hardening program. Thus an FCE would not be helpful. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

EMG (Electromyography)/ NCV (Nerve Conduction Velocity) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 03/18/14) EMGs (Electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM Guidelines chapter 12 indicates that EMG/NCV may help identify subtle neurological dysfunction in patients with lumbar radicular symptoms. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurological dysfunction / symptoms or both, lasting three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiologic insult and anatomical defect in the case of neck pain. The submitted documents and IWS complaints and physical exam findings fail to substantiate the need for EMG/NCV as outlined above. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.