

Case Number:	CM15-0133665		
Date Assigned:	07/21/2015	Date of Injury:	04/18/2014
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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: Pennsylvania, Ohio, 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:

This injured worker is a 38 year old male who reported an industrial injury on 4/18/2014. His diagnoses, and or impression, were noted to include: clinical thoracic and lumbar spine muscle spasms; healed thoracic and lumbar compression fractures; minimal lumbar disc bulges and bilateral neuro-foraminal stenosis. No current imaging studies were noted. His treatments were noted to include medication management with toxicology screenings; and modified work duties. The progress notes of 6/16/2015 reported a follow-up visit for complaints of severe cervical, thoracic and lumbar spine pain that increased with activity, and becomes excruciating with even sitting for too long. Objective findings were noted to include: no acute distress; an antalgic gait on the right with use of cane; extremely limited range-of-motion; positive stoop test; a frequent changing of positions due to pain; a significantly decreased and painful, 50%, cervical spine range-of-motion; a significantly decreased and painful, 75%, thoracic spine range-of-motion; and exquisite lumbar para-spinal tenderness with decreased range-of-motion and positive heel walk. The physician's requests for treatments were noted to include acupuncture treatments in order to try to ease him into more vigorous therapy modalities; aquatic therapy because of his intolerance to land-based therapy; and the purchase of a mechanical motor that attaches to the wheelchair to assist with that mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 visits to lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines recommends up to 6 visits as an initial acupuncture prescription, followed by assessment of functional improvement. The current request thus exceeds this guideline; a rationale for an exception is not provided. The request is not medically necessary.

Aqua therapy 12 visits to the lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised land or aquatic therapy rather than independent rehabilitation. This request is not medically necessary.

Mechanical motor for wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/ Power Mobility Devices.

Decision rationale: MTUS is silent on this issue. ODG recommends the use of a power mobility device only if the patient is not capable of resolving the mobility limitation with a cane, walker, or manual wheelchair. The records in this case indicate the patient is capable of independent gait with a device or manual propulsion of a wheelchair. The request for a motorized wheelchair is not medically necessary.