MAXIMUS Federal Services

Case Number:	CM15-0136310		
Date Assigned:	07/27/2015	Date of Injury:	07/16/2012
Decision Date:	10/07/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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 52 year old male, who sustained an industrial injury on 7/16/2012. He reported multiple fractures from a twenty five foot fall onto concrete. Diagnoses include multiple trauma secondary to fall, status post cerebral concussions, multiple fractures including nasal fracture, left humeral neck and shaft fracture status post open reduction internal fixation (ORIF), left olecranon fracture status post-surgical repair, status post L3-L4 transverse process fracture, status post right sacral alar fracture, status post comminuted fracture of left ileum/ ischium status post repair, status post bilateral pubic rami fracture, diastasis of left sacroiliac joint, status post rib fractures, post traumatic stress disorder, post traumatic headaches, lumbar radiculopathy, and left footdrop. Treatments to date include medication therapy, physical therapy and aquatic therapy, and use of an AFO brace for the left foot, a single point cane and four wheeled walker for ambulation. Currently, he has multiple complaints of ongoing pain including left shoulder blade, low back with numbness and pain in the left lower extremity and groin area. On 6/19/15 the physical examination documented lumbar spine tenderness and decreased range of motion, there was left sided weakness, decreased reflex and sensation. The plan of care included aqua therapy twice a week for eight weeks, x-ray of the left knee, MRI of the left knee, Voltaren Gel 1%, apply three times a daily to left going 500grams with five refills, Lidoderm Patch 5% to left hip daily #30, with five refills, Benadryl 25mg one tablet before bed #30 with two refills, Colace 250mg twice a day #60, with five refills, Norco 10/325mg one tablet every six hours as needed #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Based on the 06/19/15 progress report provided by treating physician, the patient presents with multiple complaints of ongoing pain including low back with numbness, pain in the left lower extremity and groin area, and left shoulder blade pain. The request is for physical therapy 2 X 8. Patient's diagnosis per Request for Authorization form dated 06/22/15 includes multiple trauma secondary to fall, status post cerebral concussion, mild TBI, multiple fractures, left ankle contusion, DM, left leg discrepancy, and status post renal insufficiency. Physical examination to the lumbar spine on 06/19/15 revealed tenderness and decreased range of motion, left sided weakness, and decreased reflex and sensation. Examination of the left extremity revealed diminished sensation at the lateral aspect of the leg, foot and thigh. Left leg discrepancy in length. The patient has a mild antalgic gait and is able to ambulate with left AFO with a left toe OFF AFO with right shoe lift. Treatment to date has included physical and aquatic therapy and aquatic therapy, imaging and electrodiagnostic studies, TENS, AFO brace for the left foot, a single point cane and four wheeled walker for ambulation, and medications. Patient's medications include Norco, Colace, Benadryl, Gabapentin, Pantoprazole, Xarelto, Duloxetine, Tylenol, Voltaren gel and Lidoderm patch. The patient has reached maximum medical benefit and permanent stationary status as of 12/09/14, per 03/23/15 AME report.MTUS Physical Medicine Section, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." Per physical therapy note dated 10/13/14, the patient has attended 27 sessions. In this case, given the patient's history of fracture and surgeries to multiple body parts, the request for additional therapy would appear to be indicated. However, treater has not explained why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. Furthermore, the request for 8 additional sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

X-ray left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter (online version), X-rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, under Radiography.

Decision rationale: Based on the 06/19/15 progress report provided by treating physician, the patient presents with chronic left knee pain with tenderness at the medial and lateral aspect on palpation secondary to industrial fall. The request is for x ray left knee. Patient's diagnosis per Request for Authorization form dated 06/22/15 includes multiple trauma secondary to fall, status post cerebral concussion, mild TBI, multiple fractures, left ankle contusion, DM, left leg discrepancy, and status post renal insufficiency. Physical examination to the lumbar spine on 06/19/15 revealed tenderness and decreased range of motion, left sided weakness, and decreased reflex and sensation. Examination of the left extremity revealed diminished sensation at the lateral aspect of the leg, foot and thigh. Left leg discrepancy in length. The patient has a mild antalgic gait and is able to ambulate with left AFO with a left toe OFF AFO with right shoe lift. Treatment to date has included physical and aquatic therapy and aquatic therapy, imaging and electrodiagnostic studies, AFO brace for the left foot, a single point cane and four wheeled walker for ambulation, and medications. Patient's medications include Norco, Colace, Benadryl, Gabapentin, Pantoprazole, Xarelto, Duloxetine, Tylenol, Voltaren gel and Lidoderm patch. The patient has reached maximum medical benefit and permanent stationary status as of 12/09/14, per 03/23/15 AME report. ODG Guidelines, Knee & Leg Chapter, under Radiography states "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." The patient had a left knee x-ray done on 06/24/13 with unremarkable results, per 06/02/15 AME report. Per radiology order form dated 06/19/15 for left knee MRI and left knee X-ray, treater states chronic pain in left knee secondary to industrial fall rule out meniscal tear. In this case, the patient continues with pain, but treater does not state the suspicion of fracture with positive Ottawa knee criteria, for which a repeat X-ray would be appropriate. This request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

MRI left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter (Online Version), magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under MRI.

Decision rationale: Based on the 06/19/15 progress report provided by treating physician, the patient presents with chronic left knee pain with tenderness at the medial and lateral aspect on palpation secondary to industrial fall. The request is for MRI left knee. Patient's diagnosis per Request for Authorization form dated 06/22/15 includes multiple trauma secondary to fall, status

post cerebral concussion, mild TBI, multiple fractures, left ankle contusion, DM, left leg discrepancy, and status post renal insufficiency. Physical examination to the lumbar spine on 06/19/15 revealed tenderness and decreased range of motion, left sided weakness, and decreased reflex and sensation. Examination of the left extremity revealed diminished sensation at the lateral aspect of the leg, foot and thigh. Left leg discrepancy in length. The patient has a mild antalgic gait and is able to ambulate with left AFO with a left toe OFF AFO with right shoe lift. Treatment to date has included physical and aquatic therapy and aquatic therapy, imaging and electrodiagnostic studies, AFO brace for the left foot, a single point cane and four wheeled walker for ambulation, and medications. Patient's medications include Norco, Colace, Benadryl, Gabapentin, Pantoprazole, Xarelto, Duloxetine, Tylenol, Voltaren gel and Lidoderm patch. The patient has reached maximum medical benefit and permanent stationary status as of 12/09/14, per 03/23/15 AME report. MTUS/ACOEM Guidelines, Knee Complaints, Special Studies Section, pages 341 and 342 regarding MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. ODG Guidelines, Knee and Leg Chapter under MRIs recommends MRIs for acute trauma and non-traumatic cases as well. ODG further states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. Per radiology order form dated 06/19/15 for left knee MRI and left knee X-ray, treater states chronic pain in left knee secondary to industrial fall rule out meniscal tear. Given the patient's continued pain and physical examination finding, this request appears reasonable and in accordance with guidelines. Review of medical records do not indicate prior MRI of the left knee. Therefore, the request IS medically necessary.

Voltaren gel 1% 500gm with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Voltaren gel (diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 06/19/15 progress report provided by treating physician, the patient presents with multiple complaints of ongoing pain including low back with numbness, pain in the left lower extremity and groin area, and left shoulder blade pain. The request is for Voltaren gel 1% 500GM with 5 refills. Patient's diagnosis per Request for Authorization form dated 06/22/15 includes multiple trauma secondary to fall, status post cerebral concussion, mild TBI, multiple fractures, left ankle contusion, DM, left leg discrepancy, and status post renal insufficiency. Physical examination to the lumbar spine on 06/19/15 revealed tenderness and decreased range of motion, left sided weakness, and decreased reflex and sensation. Examination of the left extremity revealed diminished sensation at the lateral aspect of the leg, foot and thigh. Left leg discrepancy in length. The patient has a mild antalgic gait and is able to ambulate with left AFO with a left toe OFF AFO with right shoe lift. Treatment to date has included physical

and aquatic therapy and aquatic therapy, imaging and electrodiagnostic studies, AFO brace for the left foot, a single point cane and four wheeled walker for ambulation, and medications. Patient's medications include Norco, Colace, Benadryl, Gabapentin, Pantoprazole, Xarelto, Duloxetine, Tylenol, Voltaren gel and Lidoderm patch. The patient has reached maximum medical benefit and permanent stationary status as of 12/09/14, per 03/23/15 AME report. MTUS Guidelines, Topical Analgesics Section, pages 111-112 on Non-steroidal anti-inflammatory agents, states the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Treater has not provided reason for the request, nor indicated what body part this topical would be applied to. It is not clear how long this patient has been prescribed Voltaren gel and to what effect. Guidelines do not support the use of topical NSAIDs such as Voltaren gel for the axial spine or shoulder conditions. Though this topical would be indicated for the patient's knee condition, treater has not specified how this medication is used, and with what efficacy. Treater has not specified that Voltaren gel is intended for use on a peripheral joint, as indicated by MTUS. This request is not in accordance with guideline indications. Furthermore, the request for 5 refills is excessive, as MTUS requires documentation of pain and function, as well as physician monitoring. Therefore, the request IS NOT medically necessary.

Lidoderm Patch 5% #30 (#1 box) with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Based on the 06/19/15 progress report provided by treating physician, the patient presents with multiple complaints of ongoing pain including low back with numbness, pain in the left lower extremity and groin area, and left shoulder blade pain. The request is for Lidoderm patch 5% #30 (#1 box) with 5 refills. Patient's diagnosis per Request for Authorization form dated 06/22/15 includes multiple trauma secondary to fall, status post cerebral concussion, mild TBI, multiple fractures, left ankle contusion, DM, left leg discrepancy, and status post renal insufficiency. Physical examination to the lumbar spine on 06/19/15 revealed tenderness and decreased range of motion, left sided weakness, and decreased reflex and sensation. Examination of the left extremity revealed diminished sensation at the lateral aspect of the leg, foot and thigh. Left leg discrepancy in length. The patient has a mild antalgic gait and is able to ambulate with left AFO with a left toe OFF AFO with right shoe lift. Treatment to date has included physical and aquatic therapy and aquatic therapy, imaging and electrodiagnostic studies, AFO brace for the left foot, a single point cane and four wheeled walker for ambulation, and medications.

Patient's medications include Norco, Colace, Benadryl, Gabapentin, Pantoprazole, Xarelto, Duloxetine, Tylenol, Voltaren gel and Lidoderm patch. The patient has reached maximum medical benefit and permanent stationary status as of 12/09/14, per 03/23/15 AME report. MTUS, Lidoderm (Lidocaine patch) Section, pages 56 and 57 states: "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS, Topical Analgesics Section, Page 112 also states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, Pain (Chronic) Chapter under Lidoderm (Lidocaine patch), it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater has not provided reason for the request, nor indicated what body part this topical would be applied to. It is not clear how long this patient has been prescribed Lidoderm patches and to what effect. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, guidelines do not recommend this medication for axial spinal pain or shoulder conditions. Though patient also presents with a knee pain, treater has not indicated that Lidoderm patch is intended for peripheral localized neuropathic condition. In addition, the request for 5 refills is excessive, as MTUS requires documentation of pain and function, as well as physician monitoring. This request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Benadryl 25mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter (Online Version), Diphenhydramine (Benadryl), Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter under Insomnia treatment topic.

Decision rationale: Based on the 06/19/15 progress report provided by treating physician, the patient presents with multiple complaints of ongoing pain including low back with numbness, pain in the left lower extremity and groin area, and left shoulder blade pain. The request is for Benadryl 25MG #30 with 2 refills. Patient's diagnosis per Request for Authorization form dated 06/22/15 includes multiple trauma secondary to fall, status post cerebral concussion, mild TBI, multiple fractures, left ankle contusion, DM, left leg discrepancy, and status post renal insufficiency. Physical examination to the lumbar spine on 06/19/15 revealed tenderness and decreased range of motion, left sided weakness, and decreased reflex and sensation. Examination of the left extremity revealed diminished sensation at the lateral aspect of the leg, foot and thigh. Left leg discrepancy in length. The patient has a mild antalgic gait and is able to ambulate with left AFO with a left toe OFF AFO with right shoe lift. Treatment to date has included physical and aquatic therapy and aquatic therapy, imaging and electrodiagnostic studies, AFO brace for the left foot, a single point cane and four wheeled walker for ambulation, and medications. Patient's medications include Norco, Colace, Benadryl, Gabapentin, Pantoprazole, Xarelto, Duloxetine, Tylenol, Voltaren gel and Lidoderm patch. The

patient has reached maximum medical benefit and permanent stationary status as of 12/09/14, per 03/23/15 AME report. MTUS is silent on Benadryl/antihistamines. ODG-TWC, Mental Illness & Stress Chapter under Insomnia treatment topic states: "Sedating antihistamines (primarily over-the- counter medications): Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days... sedating antihistamines are not recommended for long-term insomnia treatment. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine. (AGS, 2012)." Per 06/19/15 report, treater requests "Benadryl 25mg at bedtime prn for insomnia." It appears treater is initiating this medication, since there is no mention of Benadryl in previous progress reports. In this case, guidelines do not recommend long-term use of this medication, hence the request to continue Benadryl cannot be warranted. Furthermore, the current request for quantity 30 with 2 refills does not indicate intended short-term use of this medication, which is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Colace 250mg #60 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Robert Pharmaceuticals (2004), Colace oral.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Based on the 06/19/15 progress report provided by treating physician, the patient presents with multiple complaints of ongoing pain including low back with numbness, pain in the left lower extremity and groin area, and left shoulder blade pain. The request is for Colace 250MG #60 with 5 refills. Patient's diagnosis per Request for Authorization form dated 06/22/15 includes multiple trauma secondary to fall, status post cerebral concussion, mild TBI, multiple fractures, left ankle contusion, DM, left leg discrepancy, and status post renal insufficiency. Physical examination to the lumbar spine on 06/19/15 revealed tenderness and decreased range of motion, left sided weakness, and decreased reflex and sensation. Examination of the left extremity revealed diminished sensation at the lateral aspect of the leg, foot and thigh. Left leg discrepancy in length. The patient has a mild antalgic gait and is able to ambulate with left AFO with a left toe OFF AFO with right shoe lift. Treatment to date has included physical and aquatic therapy and aquatic therapy, imaging and electrodiagnostic studies, AFO brace for the left foot, a single point cane and four wheeled walker for ambulation, and medications. Patient's medications include Norco, Colace, Benadryl, Gabapentin, Pantoprazole, Xarelto, Duloxetine, Tylenol, Voltaren gel and Lidoderm patch. The patient has reached maximum medical benefit and permanent stationary status as of 12/09/14, per 03/23/15 AME report. MTUS, Criteria for Use of Opioids Section, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Colace has been included in patient's medications, per progress reports dated 12/19/14, 03/20/15, and 06/19/15; and is prescribed for constipation. It is not known when this medication was initiated. MTUS recognizes constipation as a common side effect of chronic opiate use. The patient is

prescribed Norco for chronic pain. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Norco 10/325mg #50 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 06/19/15 progress report provided by treating physician, the patient presents with multiple complaints of ongoing pain including low back with numbness, pain in the left lower extremity and groin area, and left shoulder blade pain. The request is for Norco 10/325MG #50 with 0 refills. Patient's diagnosis per Request for Authorization form dated 06/22/15 includes multiple trauma secondary to fall, status post cerebral concussion, mild TBI, multiple fractures, left ankle contusion, DM, left leg discrepancy, and status post renal insufficiency. Physical examination to the lumbar spine on 06/19/15 revealed tenderness and decreased range of motion, left sided weakness, and decreased reflex and sensation. Examination of the left extremity revealed diminished sensation at the lateral aspect of the leg, foot and thigh. Left leg discrepancy in length. The patient has a mild antalgic gait and is able to ambulate with left AFO with a left toe OFF AFO with right shoe lift. Treatment to date has included physical and aquatic therapy and aquatic therapy, imaging and electrodiagnostic studies, AFO brace for the left foot, a single point cane and four wheeled walker for ambulation, and medications. Patient's medications include Norco, Colace, Benadryl, Gabapentin, Pantoprazole, Xarelto, Duloxetine, Tylenol, Voltaren gel and Lidoderm patch. The patient has reached maximum medical benefit and permanent stationary status as of 12/09/14, per 03/23/15 AME report. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 12/19/14, 03/20/15, and 06/19/15. It is not known when this medication was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain

agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Aquatic Therapy 2 x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: Based on the 06/19/15 progress report provided by treating physician, the patient presents with multiple complaints of ongoing pain including low back with numbness, pain in the left lower extremity and groin area, and left shoulder blade pain. The request is for aquatic therapy 2 X 8. Patient's diagnosis per Request for Authorization form dated 06/22/15 includes multiple trauma secondary to fall, status post cerebral concussion, mild TBI, multiple fractures, left ankle contusion, DM, left leg discrepancy, and status post renal insufficiency. Physical examination to the lumbar spine on 06/19/15 revealed tenderness and decreased range of motion, left sided weakness, and decreased reflex and sensation. Examination of the left extremity revealed diminished sensation at the lateral aspect of the leg, foot and thigh. Left leg discrepancy in length. The patient has a mild antalgic gait and is able to ambulate with left AFO with a left toe OFF AFO with right shoe lift. Treatment to date has included physical and aquatic therapy and aquatic therapy, imaging and electrodiagnostic studies, AFO brace for the left foot, a single point cane and four wheeled walker for ambulation, and medications. Patient's medications include Norco, Colace, Benadryl, Gabapentin, Pantoprazole, Xarelto, Duloxetine, Tylenol, Voltaren gel and Lidoderm patch. The patient has reached maximum medical benefit and permanent stationary status as of 12/09/14, per 03/23/15 AME report. MTUS, Aquatic Therapy Section, page 22 states that Aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." MTUS, Physical Medicine Section, page 98 and 99 has the following: "Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. This patient's date of injury is 07/16/12. Per 03/20/15 report, treater states "pool therapy has been helping [the patient] a great deal." Treater also states that patient's BMI is 33, which would place this patient in the obese category. In this case, the patient is not extremely obese to be recommended reduced weight bearing. Given the patient's history of fracture and surgeries to multiple body parts, the request for additional therapy would appear to be indicated. However, per physical therapy note dated 10/13/14, the patient has attended 27 sessions. Treater has not

explained why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. Furthermore, the request for 16 additional sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.