

Case Number:	CM15-0205399		
Date Assigned:	10/22/2015	Date of Injury:	02/12/2014
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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 51 year old male who sustained an industrial injury on 2-12-14. The medical records indicate that the injured worker was being treated for cervical radicular pain; posttraumatic stress disorder, severe anxiety; severe depression; compensatory left knee pain; compensatory left wrist pain; lumbar radicular pain. He currently (9-25-15) complains of cervical radicular pain with worsening constant, dull neck pain shooting into both arms with numbness and tingling and a pain level of 8 out of 10; worsening, constant, dull bilateral wrist and hand pain with a pain level of 6 out of 10; left shoulder and left knee pain which are both improved after aqua therapy. Physical exam revealed decreased pinprick sensation in right upper extremity in the ulnar distribution and radial distribution compared to the left with slight swelling of the bilateral wrists; cervical spine showed decreased range of motion, tenderness to palpation along the cervical spinous process C5, C6, and C7 with radiation down the right arm. The 8-24-15 progress note indicates that the injured worker's complaints of severe neck and lower back pain was due to his disc herniations. Diagnostics include MRI of the cervical spine (7-19-14) showing disc herniation, disc desiccation; MRI of the left wrist (5-10-15) showing positive ulnar variance, tear of triangular fibrocartilage complex, avascular necrosis of ulnar articular surface of lunate, osteoarthropathy of lumotriquetral joint. Treatments to date include aqua therapy with benefit of 70% improvement with knee and left shoulder pain and also neck pain; massage therapy with benefit; physical therapy; medication: gabapentin (with benefit); ibuprofen, cyclobenzaprine, Lyrica (discontinued 1 month ago), prior medications: Percocet, Colace and diclofenac; physical therapy; right knee arthroscopy (2-5-15). The request for

authorization dated 10-5-15 was for physical therapy with aqua therapy 2-3 times per week for 6 weeks. On 10-6-15 Utilization Review non-certified the requests for physical therapy 2-3 times per week for 6 weeks with aqua therapy for the cervical spine; physical therapy 2-3 times per week for 6 weeks for bilateral wrists, left shoulder and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 x 6 with aqua therapy for the cervical spine (total 12-18 visits):

Upheld

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

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

Decision rationale: The 51 year old patient complains of cervical radicular pain, rated at 8/10; bilateral hand and wrist pain, rated at 6/10; left shoulder pain; and left knee pain; as per progress report dated 09/25/15. The request is for physical therapy 2-3 x 6 with aqua therapy for the cervical spine (total 12-18 visits). The RFA for this case is dated 10/05/15, and the patient's date of injury is 02/12/14. The patient is status post right shoulder surgery, status post right knee surgery, and status post ORIF of right humerus on 02/13/14, as per Orthopedic progress report dated 09/25/15. Diagnoses also included cervical radicular pain, posttraumatic stress disorder, severe anxiety, severe depression, compensatory left knee pain, lumbar radicular pain, and compensatory left wrist pain. Medications include Cyclobenzaprine and Ibuprofen. Diagnoses, as per primary treating physician's report dated 09/25/15, included right wrist TFCC tear, ligament tears, ulnar positive variance, left shoulder compensatory pain, right tennis elbow, cervical strain, cervical disc herniation and degenerative disc disease of the cervical spine, right upper extremity radiculitis, low back pain with degenerative disc disease, right knee medial and lateral meniscus tear, left knee strain, right heel pain, headaches, stress and anxiety. The patient is temporarily totally disabled, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 22, Aquatic Therapy section has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The 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." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." MTUS, post-surgical guidelines pages 24-25, recommend 24 visits over a period of weeks for patients undergoing knee arthroplasty. The post-surgical time frame is 4 months. In this case, a request for 12 to 18 sessions of physical therapy and aquatic therapy "for cervical radicular pain, left shoulder pain, left knee pain, and also with a specialist for his wrist" is noted in orthopedic progress report dated 09/25/15. As per progress report, aquatic therapy helps improve tingling and numbness in the upper extremities. A request for 18 sessions of aquatic therapy with lifetime membership is also noted primary treating physician's report dated 09/25/15. In progress report dated 08/28/15, the patient reports 70% improvement in left knee

and left shoulder pain after aquatic therapy. In progress report dated 07/24/15, the treater reiterates that the patient "has had significant improvement with aqua therapy but continues to have pain in his neck, shoulders, right wrist, lower back, and left knee." The treater also recommends "continued aqua therapy annually." In progress report dated 05/22/15, the treater states aquatic therapy also improved range of motion. While it is evident that the patient has benefited from aquatic therapy, the treater does not explain why the patient cannot undergo traditional land-based therapy. There is no documentation of obesity. The patient underwent knee arthroscopy but is not within the post-operative time frame and has not undergone surgeries for other body parts for which therapy is being requested. Additionally, the patient has undergone some aquatic therapy in the past. The reports do not explain why the patient has not transitioned to a home exercise program. Furthermore, the progress reports do not clearly document the number of sessions completed until now but the Utilization Review denial letter states the patient has completed at least 17 sessions of therapy, "although it is unclear as to how many of the sessions were land-based therapy versus aquatic therapy." Nonetheless, MTUS only recommends 8-10 sessions of therapy in non-operative cases, and the request exceeds that limit. Hence, it is not medically necessary.

Physical therapy 2-3 x 6 for bilateral wrists, left shoulder and left knee (total 12-18 visits):
Upheld

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

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

Decision rationale: The 51 year old patient complains of cervical radicular pain, rated at 8/10; bilateral hand and wrist pain, rated at 6/10; left shoulder pain; and left knee pain; as per progress report dated 09/25/15. The request is for physical therapy 2-3 x 6 for bilateral wrists, left shoulder and left knee (total 12-18 visits). The RFA for this case is dated 10/05/15, and the patient's date of injury is 02/12/14. The patient is status post right shoulder surgery, status post right knee surgery, and status post ORIF of right humerus on 02/13/14, as per Orthopedic progress report dated 09/25/15. Diagnoses also included cervical radicular pain, posttraumatic stress disorder, severe anxiety, severe depression, compensatory left knee pain, lumbar radicular pain, and compensatory left wrist pain. Medications include Cyclobenzaprine and Ibuprofen. Diagnoses, as per primary treating physician's report dated 09/25/15, included right wrist TFCC tear, ligament tears, ulnar positive variance, left shoulder compensatory pain, right tennis elbow, cervical strain, cervical disc herniation and degenerative disc disease of the cervical spine, right upper extremity radiculitis, low back pain with degenerative disc disease, right knee medial and lateral meniscus tear, left knee strain, right heel pain, headaches, stress and anxiety. The patient is temporarily totally disabled, as per the same report. MTUS Chronic Pain Management Guidelines 2009, 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." In this case, a request for 12 to 18

sessions of physical therapy for left shoulder pain, left knee pain, and also with a specialist for bilateral wrists is noted in orthopedic progress report dated 08/28/15. The patient appears to have undergone some physical therapy at least for bilateral knees, as evident from physical therapy report dated 08/05/15. There is no clear documentation of physical therapy to left shoulder and bilateral wrists, although the patient received aquatic therapy, which led to 70% improvement in symptoms, as per report dated 08/28/15. The treater does not document the efficacy of prior land-based physical therapy. The reports do not explain why the patient has not transitioned to a home exercise program. Furthermore, the progress reports do not clearly indicate the number of sessions completed until now but the Utilization Review denial letter states the patient has completed at least 17 sessions of therapy, although it is unclear as to how many of the sessions were land-based therapy versus aquatic therapy. Nonetheless, MTUS only recommends 8-10 sessions of therapy in non-operative cases, and the request exceeds that limit. Hence, it is not medically necessary.