

Case Number:	CM15-0213598		
Date Assigned:	11/03/2015	Date of Injury:	05/07/2007
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/29/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial injury on 5-7-07. The injured worker was being treated for psychogenic headache, spinal stenosis in cervical region, degeneration of lumbar intervertebral disc, lumbosacral radiculitis and psychophysiological disorder. On 9-21-15, the injured worker complains of bilateral neck pain with radiation to bilateral C2 distribution and relieved with neck extension, massage therapy and medications; and low back pain described as shooting and stabbing with lower extremity bilateral weakness and bowel incontinence and alleviated with lying down. Physical exam performed on 9-21-15 revealed waddling gait, using a four point walker and forward flexed body posture. Treatment to date has included oral medications including Naprosyn, Nuvigil, Lyrica, OxyContin, Cyclobenzaprine, Duexis and Dilaudid, 12 and 9 aquatic therapy sessions (with decreased pain and increased walking tolerance). The treatment plan included authorization of continuation of aquatic therapy and request for stationary bicycle. Request of authorization was submitted on 9-28-15 for durable medical equipment stationary bicycle and physical therapy aquatic for 12 sessions. On 10-5-15 request for durable medical equipment stationary bicycle and physical therapy aquatic for 12 sessions was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment; Stationary bicycle qty 1: 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) Back, Home Exercise.

Decision rationale: CA MTUS is silent on the issue of home exercise equipment, such as a stationary bike. ODG section on Back includes recommendation for physical therapy including support for instruction in a home exercise program. However, there is no recommendation for any home exercise equipment, for example a stationary bike that would be of use in this recommended home exercise program. The request for stationary bike is not medically necessary.

Physical therapy Aquatic based for 12 sessions, in treatment lumbar spine qty 12: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: CA MTUS states that aquatic therapy is a reasonable alternative to land based therapy especially in cases where avoidance of the effects of gravity may be beneficial, as in cases of extreme obesity. Such sessions have the same requirements for fading frequency and progression to self-directed exercise program as do land based therapies. The claimant has completed aquatic therapies with documented improvement. There is good rationale submitted for ongoing therapy as further gains can reasonably be expected. 1 additional session of aquatic therapy is medically necessary.