

Case Number:	CM15-0031872		
Date Assigned:	02/25/2015	Date of Injury:	09/17/2014
Decision Date:	04/06/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 36 year old female, who sustained an industrial injury on 09/17/2014. She has reported subsequent low back, right hip, thigh and knee pain and was diagnosed with lumbar spine musculoligamentous sprain/strain, right hip, thigh and knee sprain. Treatment to date has included oral pain medication, physical therapy, acupuncture, application of heat and cold and mechanical traction. In a progress note dated 01/05/2015, the injured worker complained of right hip, right thigh and low back pain. Objective physical examination findings were notable for tenderness to palpation with muscle spasm over the lumbar paraspinal muscles, pain with straight leg raise and decreased range of motion and tenderness to palpation of the right hip with reduced range of motion. Requests for authorization of aquatic therapy and home interferential unit were made. On 01/29/2015, Utilization Review non-certified requests for aquatic therapy two times per week for four weeks and home interferential unit, noting that there was no documentation to show that land based therapy is not suitable for the injured worker and that there was no documentation of functional improvement with use of interferential unit for home use. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of aquatic therapy (twice a week for four weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, eight sessions aquatic therapy two times per week times four weeks is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, injured worker's working diagnoses are lumbar spine musculoligamentous sprain/strain; right hip sprain with labral tear per patient history; and right knee sprain, improved. The documentation shows the injured worker presented to the treating orthopedist on January 5, 2015. The injured worker received an MRI, prior physical therapy (six sessions over six weeks, and acupuncture that was ineffectual. The treating provider is requesting aquatic therapy to reduce pain and improve function. There is no indication in the medical record aquatic therapy is being utilized to minimize the effects of gravity. The documentation did not contain evidence of objective functional improvement with land-based physical therapy (already provided). The physical therapy documentation (three dates of service) contains modalities used but no objective information is provided. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing physical therapy). There was no formal assessment and no objective evidence of functional improvement. Additionally, the progress note does not indicate the anatomical region to be treated. Consequently, absent compelling clinical documentation with an indication and/or rationale for aquatic therapy in the absence of objective functional improvement (with prior physical therapy), eight sessions aquatic therapy two times per week times four weeks is not medically necessary.

Home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, home interferential unit (ICS) is not medically necessary. The guidelines do not recommend ICS is an isolated intervention.

There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise and medications and limited evidence of improvement on those recommended treatments alone. Patient Selection Criteria should be documented by the medical care provider for the ICS to be determined to be medically necessary. The selection criteria include, but are not limited to, pain is effectively controlled due to diminished effectiveness of medications; due to side effects; history of substance abuse; unresponsive to conservative measures; etc. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, injured worker's working diagnoses are lumbar spine musculoligamentous sprain/strain; right hip sprain with labral tear per patient history; and right knee sprain, improved. The documentation shows the injured worker presented to the treating orthopedist on January 5, 2015. The injured worker received an MRI, prior physical therapy (six sessions over six weeks, and acupuncture that was ineffectual. Assuming the Patient Selection Criteria were met, a one-month trial is indicated prior to ongoing ICS therapy. There is no one-month ICS trial in the medical record. Consequently, absent clinical documentation of a one-month ICS trial with objective functional improvement and medication reduction, home interferential unit is not medically necessary.