

Case Number:	CM15-0031930		
Date Assigned:	02/25/2015	Date of Injury:	09/17/2014
Decision Date:	04/08/2015	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, Arizona

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 64-year-old female who reported an injury on 09/17/2014. The mechanism of injury involved a fall. The current diagnoses include lumbar spine musculoligamentous sprain, right hip sprain, right thigh sprain and right knee sprain. The injured worker presented on 01/05/2015 with complaints of right hip pain, right thigh pain, low back pain and resolved right knee pain. It was noted that the injured worker had been previously treated with 6 sessions of acupuncture, hot/cold therapy exercise and anti-inflammatory medication. Upon examination of the lumbar spine, there was an increase in the normal lumbar lordotic curvature, tenderness to palpation with spasm, positive straight leg raise, 49 degree flexion, 17 degree extension and 16 degree right and left sided bending. Examination of the right hip revealed tenderness to palpation over the greater trochanter, positive Patrick's test and limited range of motion. Examination of the right knee revealed palpable tenderness and negative crepitus, 140 degree flexion and 0 degree extension. Sensation was intact in the bilateral lower extremities. There was grade 4/5 weakness of the right hip upon flexion. Treatment recommendations at that time included aquatic therapy, a home interferential unit and prior x-ray and MRI scans of right hip. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land based physical therapy. In this case, there was no indication that this injured worker required reduced weight bearing as opposed to land based physical therapy. Additionally, the request as submitted failed to indicate a specific body part. Given the above, the request is not medically appropriate.

Home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. According to the clinical information received, there is no indication that this injured worker has been unresponsive to recommended conservative treatment including exercise and TENS therapy. There is no evidence of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate.