

Case Number:	CM15-0043339		
Date Assigned:	03/13/2015	Date of Injury:	10/14/2014
Decision Date:	04/16/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female, who sustained an industrial injury on 10/14/2014. The current diagnoses are cervical musculoligamentous sprain/strain, thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain, bilateral hip sprain with bursitis, bilateral knee patellofemoral arthralgia, bilateral ankle sprain, right shoulder sprain/strain and impingement syndrome, bilateral elbow olecranon bursitis, and bilateral wrist tendinitis. According to the progress report dated 1/30/2015, the injured worker complains of pain in the neck, mid back, low back, bilateral hips, bilateral knees, bilateral ankles, right shoulder, bilateral elbows, and bilateral wrists. Treatment to date has included X-rays, MRI, and physical therapy. The plan of care includes 8 aqua therapy sessions for the thoracolumbar spine, bilateral hips and bilateral knees, home interferential unit, and rheumatologic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 x 4 for the thoracolumbar spine, bilateral hips and bilateral knees:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for chronic pain. On the date of service she had multiple, widespread areas of tenderness. Previous treatments have included physical therapy. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case the claimant has been able to participate in land based physical therapy treatments and there is no co-morbid condition identified. Therefore the requested aqua therapy is not medically necessary.

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 Current Stimulation (ICS), p118-120 Page(s): 118-120.

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for chronic pain. On the date of service she had multiple, widespread areas of tenderness. Previous treatments have included physical therapy. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, the claimant has not undergone a trial of interferential stimulation and therefore providing a home interferential unit is not medically necessary.

Rheumatologic Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for chronic pain. On the date of service she had multiple, widespread areas of tenderness. Previous treatments have included physical therapy. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing symptoms without identified diagnosis. Whether she has a condition such

as fibromyalgia or other rheumatological explanation for her symptoms is unknown. Therefore the requested evaluation is medically necessary.