

Case Number:	CM15-0048210		
Date Assigned:	03/20/2015	Date of Injury:	04/24/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/13/2015

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:

This 57-year-old man sustained an industrial injury on 4/24/2014. The mechanism of injury is not detailed. Evaluations include cervical spine x-rays dated 10/29/2014. Diagnoses include cervical spondylosis, lumbar spondylosis, cervical degenerative disc disease, lumbosacral disc degeneration, cervical myofascial sprain/strain, and lumbar myofascial sprain/strain. Treatment has included oral medications. Physician notes dated 12/22/2014 show complaints of unchanged symptoms. Recommendations include ice and heat as needed, home exercise program, over the counter analgesia and anti-inflammatory medications, awaiting authorization for a quad cane, aquatic therapy, Famotidine and Amrix as needed, psychological evaluation, physical therapy, lumbar and cervical spine MRI without contrast, pain management consultation, shower chair, and follow up in four weeks.

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 week x 4-6 weeks QTY 18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS (7/18/09), Physical Medicine, pages 98 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the 12/22/2014 report, this patient presents with lack of sleep and pain in the lower extremity; "the same symptoms unchanged." The current request is for Physical Therapy 2-3x weeks x 4-6 weeks qty. 18 "for increased range of motion and strengthening of thoracic and lumbar spine using all modalities." The request for authorization or is not included in the file for review. The patient's work status is "not working." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records show no documentation that the patient is in a post-operative time frame regarding physical therapy for the cervical and lumbar spine. The provided reports do not show physical therapy reports and no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.

Aqua Therapy 2-3 x week x 4-6 weeks QTY 18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS (7/18/09), Aquatic Therapy, pages 22 and 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy physical medicine Page(s): 22, 98-99.

Decision rationale: According to the 12/22/2014 report, this patient presents with lack of sleep and pain in the lower extremity; "the same symptoms unchanged." The current request is for Aqua Therapy 2-3x week x 4-6 weeks QTY 18 "for increased range of motion and strengthening of thoracic and lumbar spine using all modalities." The request for authorization or is not included in the file for review. The patient's work status is "not working." Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of the provided reports shows that the patient has had 16 sessions of aqua therapy recently with pain at a 3-7/10. Last session of aqua therapy the patient completed was on 12/15/2014. However, the treating physician did not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. There is no discussion as to why the patient cannot tolerate land-based therapy. In addition, the requested 18 sessions exceed what is allowed per MTUS. Therefore, the current request IS NOT medically necessary.

