

Case Number:	CM15-0054811		
Date Assigned:	03/30/2015	Date of Injury:	01/23/2013
Decision Date:	05/08/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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 53 year old female, who sustained an industrial injury on 1/23/13. The initial complaints were not noted. The injured worker was diagnosed as having myoligamentous strain lumbar spine. Treatment to date has included physical therapy; aqua therapy. Currently, the PR-2notes dated 2/26/15 indicate the injured worker complains of dull to sharp pain in the lower back occurring most of the time and is aggravated by lifting, bending, sitting, pushing and pulling. The treatment plan included dispensing one month supply of Terocin patches for pain and localized peripheral pain. The PRP-2 notes dated 1/15/15 are virtually the same except the treatment recommendations state "continue care". The Utilization Review denied the requested Home Therapy lumbar Exercise Kit, Physical Performance Evaluation, Aquatic Therapy Lumbar 2 times weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Therapy Lumbar Exercise Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee chapter - Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, home therapy lumbar exercise kit is not medically necessary. 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, the injured worker's working diagnosis is myoligamentous strain of the lumbar spine. The documentation in the medical record shows the injured worker (according for utilization review received 12 sessions of physical therapy and aquatic therapy. The documentation is unclear as to the total number of each type of therapy was rendered. A list of the exercise kit contents would be required to compare evidence-based guidelines for utilization of durable medical equipment. Unspecified contents of an exercise kit cannot be supported. Additionally, the injured worker completed physical therapy and aquatic therapy and should be well-versed in exercises to engage in a home exercise program without an exercise kit. Consequently, absent clinical documentation with exercise kit contents, home therapy lumbar exercise kit is not medically necessary.

Physical Performance Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Work - Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 137-8 (Functional Capacity Evaluation).

Decision rationale: Pursuant to the ACOEM, physical performance evaluation (functional capacity evaluation) is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnosis is myoligamentous strain of the lumbar spine. The documentation in the medical record shows the injured worker (according for utilization review received 12 sessions of physical therapy and aquatic therapy. The documentation is unclear as to the total number of each type of therapy was rendered. The documentation, according to a QME performed October 19, 2014, showed the injured worker was "medically retired". There was no plan to return to work. The guidelines

indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Consequently, absent clinical documentation with an intent to return to work with a work plan (patient is medically retired), physical performance evaluation (functional capacity evaluation) is not medically necessary.

Aquatic Therapy, Lumbar, 2 times weekly for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

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, additional outpatient aquatic therapy two times per week times four weeks the lumbar spine 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, the injured worker's working diagnosis is myoligamentous strain of the lumbar spine. The documentation in the medical record shows the injured worker according for utilization review received 12 sessions of physical therapy and aquatic therapy. The documentation is unclear as to the total number of each type of therapy was rendered. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There were no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement (from prior physical therapy) with compelling clinical documentation indicating additional physical therapy is warranted, additional outpatient aquatic therapy two times per week times four weeks the lumbar spine is not medically necessary.