

Case Number:	CM15-0055419		
Date Assigned:	03/30/2015	Date of Injury:	01/11/2008
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
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
Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 1/11/08. The injured worker has complaints of lumbar spine pain that radiates to the right buttock and right more than left leg. He has occasional numbness and tingling with cramping and radiates to his right testicle and has right groin pain. The diagnoses have included lumbar discogenic syndrome; lumbosacral radiculitis, spondylolisthesis, back surgery, myofascial pain, weakness extensor hallucis longus right greater than left, insomnia, gastritis, positive H Pylori and peripheral neuropathy. Treatment to date has included Magnetic Resonance Imaging (MRI) of the lumbar spine; lumbar surgery on 8/28/09; lumbar spine flexion and extension X-rays; electromyogram/nerve conduction study and Transcutaneous Electrical Nerve Stimulation (TENS) unit. The injured worker is working. The request was for Physical therapy three times a week for four weeks to address weakness and improve function; new Transcutaneous Electrical Nerve Stimulation (TENS) unit and [REDACTED] membership for gym and pool exercises for decrease in pain and improve strength. Utilization Review dated March 16, 2015 non-certified the request for gym membership and new Transcutaneous Electrical Nerve Stimulation (TENS) unit. Modification was rendered to allow 6 sessions of physical therapy. The documentation noted on the progress report dated 2/27/15 that the injured worker lost his Transcutaneous Electrical Nerve Stimulation (TENS) unit on a trip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for myalgia, myositis, neuralgia, neuritis, and radiculitis. In this case the request for 12 sessions of physical therapy exceeds the amount recommended per the MTUS guidelines and modification has been already rendered by Utilization Review to allow 6 sessions. The request for Physical therapy three times a week for four weeks is therefore not medically necessary and appropriate.

New TENS unit: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-116.

Decision rationale: According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) is recommended for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis . In this case, the injured worker is diagnosed with having neuropathic pain. He is reporting benefit from the utilization of this unit and he is working. The medical records indicate that the previous TENS, (transcutaneous electrical nerve stimulation) was lost in a trip. The request for a new unit would be therefore supported. The request for New TENS unit is medically necessary and appropriate.

membership for gym and pool exercises: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter.

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

Decision rationale: According to ODG, gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. ODG notes that with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. According to the MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, 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. In this case, the medical records do not establish that the injured worker is unable to safely and effectively perform a land based independent home exercise program. The medical records do not establish that there is a need for special equipment, and as noted by ODG, with unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient., In addition, the injured worker can be re-educated in a home exercise regimen during the six sessions of physical therapy that was approved by Utilization Review. The request for [REDACTED] membership for gym and pool exercises is not medically necessary and appropriate.