MAXIMUS Federal Services

Case Number:	CM15-0082293		
Date Assigned:	05/04/2015	Date of Injury:	02/20/2013
Decision Date:	06/03/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/29/2015

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: Arizona, 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 60 year old, female who sustained a work related injury on 2/20/13. The diagnoses have included degenerative changes right knee, right knee patellofemoral osteoarthropathy, rule out cervical disc injury, rule out lumbar disc injury, left knee pain, bilateral shoulder pain and lumbar disc protrusion. The treatments have included oral medications, TENS unit therapy, heat/cold therapy, home exercises, physical therapy, aqua therapy and use of a LSO lumbar brace. In the PR-2 dated 3/6/15, the injured worker complains of low back pain with leg symptoms, right greater than left. She rates her pain level a 7/10. She complains of cervical pain and rates her pain level a 5/10. She complains of right and left shoulders pain and rates her pain level a 5/10. She complains of left knee pain and rates this pain level a 5/10. Medication is helping to facilitate her activities of daily living. The treatment plan is requests for additional aqua therapy, physical therapy and for Tramadol refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the lumbar spine, twice weekly for four weeks: Upheld

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

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

Decision rationale: 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant had already completed 18 sessions of aqua therapy. The amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.

Physical therapy for the anterior chest wall, three times weekly for four weeks: Upheld

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

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant had already completed aqua therapy (which falls under physical therapy guideline limits). In addition, there is no mention inability to complete land-based exercises. The 12 session also exceed the amount recommended by the guidelines. The request above is not medically necessary.

Tramadol ER 150 mg, sixty count, provided on March 6, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had a 5/10 pain. The clinical notes indicated a 5 point reduction with Tramadol and a 2 point reduction with NSAID. This would indicate a negative pain level in combination. The claimant had been on Tramadol for several months. There was no indication of failure of other classes of medications. Continued and chronic use of Tramadol is not medically necessary.