

Case Number:	CM15-0088267		
Date Assigned:	07/16/2015	Date of Injury:	08/16/2013
Decision Date:	09/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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: Anesthesiology, 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 36 year old male patient who sustained an industrial injury on 08/16/2013. A recent follow up visit dated 04/14/2015 reported the patient with subjective complaint of having activity dependent, moderate throbbing low back pain, stiffness, and heaviness radiating to the left leg associated with movement. He also is with moderate stabbing left shoulder pain associated with movement/lifting. The following diagnoses were applied: lumbosacral sprain/strain; sacroiliac joint sprain bilaterally; lumbar disc protrusion per radiography; left shoulder strain/sprain, and left shoulder impingement syndrome. Previous treatment to include: land bases physical therapy session, activity modification, medication. A primary treating office visit dated 0/28/2014 reported subjective complaint of having thoracic/lumbar spine pain and left shoulder pain. The treating diagnoses were: thoracic spine strain/sprain with negative radiographic findings; lumbar spine disc entrapment, and left shoulder impingement/mild interstitial tear. There is recommendation for electrodiagnostic nerve conduction study, pain management consultation, acupuncture session and continue with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 session of Aqua Therapy: Upheld

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

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

Decision rationale: According to the MTUS, 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The guidelines recommend 10 sessions of Aquatherapy. The current request is in contrast to the recommended number of treatment session. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

1 MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The ACOEM Chapter 9 on shoulder indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the request for a shoulder MRI. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.

1 Functional capacity 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, functional capacity evaluation (FCE).

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, pages 132-139.

Decision rationale: ACOEM Chapter 7, Independent Medical Examinations and Consultations, pages 132-139, indicates that Functional capacity evaluations may be ordered by the treating physician to further assess current work capability if the physician feels that information from such testing is crucial. FCE may establish physical abilities and facilitate the examinee /

employer relationship for return to work. In addition, ODG recommend a FCE prior to admission to a Work Hardening program, especially for assessments tailored to a specific job. According to the documents available for review, there is no indication that the IW has attempted to return to work unsuccessfully or is entering a work hardening program. Thus, an FCE would not be helpful. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

1 follow up with an orthopedic specialist for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Chapter 12 on low back indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support a referral to an spine specialist. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

1 follow up with an orthopedic specialist for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The ACOEM Chapter 9 on shoulder indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the referral to a shoulder specialist. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.