

<b>Case Number:</b>	CM15-0241784		
<b>Date Assigned:</b>	12/18/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2015

### 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:

The injured worker is a 62 year old male, who sustained an industrial injury on 6-8-2012. The injured worker was being treated for chronic cervical spine and low back pain, lumbar disc disease, status post L3-5 (lumbar 3-5) laminectomy, and status post bilateral knee meniscal tear meniscal and anterior cruciate ligament tears. The injured worker (7-10-2015) reports bilateral knee and low back pain with bilateral lower extremity radiculopathy. The physical exam (7-10-2015) reveals good range of motion of the knees, steady gait with cane, and limited lumbar spine range of motion with discomfort. The injured worker (7-24-2015) reports ongoing distal lumbar pain radiating to the lateral hips and thighs. The physical exam (7-24-2015) reveals bilateral gluteal bursa tenderness. The treating physician notes right-sided groin pain and weakness, worsened with hip range of motion. The treating physician notes chronic left dorsiflexors and extensor hallucis longus weakness, which is unchanged. The injured worker (8-6-2015 and 9-17-2015) reports ongoing low pain back pain. The physical exam (8-6-2015 and 9-17-2015) reveals lumbosacral paraspinal tenderness to palpation with restrictions mostly flexion secondary to pain. The treating physician notes rotation and side bending appear intact. The injured worker (9-25-2015) reports ongoing pain across the lumbosacral region, hip, and groin. The physical exam (9-25-2015) reveals tenderness to palpation at the lumbosacral junction and right sacroiliac joint region, decreased motor strength in the left dorsiflexors and extensor hallucis longus, and decreased sensation in the left L5 distribution. The medical records (11-5-2015) show the injured worker presented for follow up. The injured worker reported pain, but the subjective were not otherwise specified. There is no physical exam documented in the medical records. Treatment

has included at least 8 sessions of postoperative physical therapy for the lumbar spine, a lumbar-sacral orthosis brace, postoperative physical therapy for the knee, and medications including pain and non-steroidal anti-inflammatory. Per the treating physician (7-24-2015 report), the injured worker is retired. On 11-6-2015, the requested treatments included 16 sessions (2x8 weeks) of aquatic therapy for the bilateral knees and low back and a TENS unit and supplies. On 11-12-2015, the original utilization review non-certified requests for 16 sessions (2x8 weeks) of aquatic therapy for the bilateral knees and low back and a TENS unit and supplies.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS unit and supplies (rental or purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The patient presents on 11/05/15 for a follow-up visit with unspecified complaints. The handwritten progress note is poorly scanned and illegible in some portions. The patient's date of injury is 06/08/12. The request is for TENS unit and supplies (rental or purchase). The RFA is dated 11/06/15. Progress note 11/05/15 does not include a comprehensive physical examination, and documents that a previous QME report was consulted for physical findings/recommendations. The patient is currently prescribed Norco, Ibuprofen, Clonazepam, and Ropinirole. Per progress note 07/24/15, the patient is retired. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." In this case, the provider is requesting a TENS unit for this patient's chronic pain complaints. However, there is no documentation of an intent to perform a "30-day" trial of the unit prior to purchase. Progress note dated 11/05/15 (which appears to be associated with this request) does not signal the intent to perform a 30-day trial and the RFA states only "Tens Unit." The IMR application under review specifies a "rental or purchase" though does not explicitly state a 30 day trial. Unfortunately, without a previously successful 30 day trial of the TENS unit or signal the intent to perform, the request as written cannot be considered medically appropriate. Were the request specifically for a 30 day trial of the unit, the recommendation would be for approval. However, without evidence of a successful 30 day trial prior to purchase, or an appropriate and specific rental duration - as required by MTUS guidelines - the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Aquatic therapy (bilateral knees, low back) 2x8 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

**Decision rationale:** The patient presents on 11/05/15 for a follow-up visit with unspecified complaints. The handwritten progress note is poorly scanned and illegible in some portions. The patient's date of injury is 06/08/12. The request is for aquatic therapy (bilateral knees, low back) 2x8 weeks. The RFA is dated 11/06/15. Progress note 11/05/15 does not include a comprehensive physical examination, and documents that a previous QME report was consulted for physical findings/recommendations. The patient is currently prescribed Norco, Ibuprofen, Clonazepam, and Ropinirole. Per progress note 07/24/15, the patient is retired. MTUS Guidelines, Aquatic therapy section, page 22 states: "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." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." In regard to aquatic therapy for the management of this patient's chronic pain, the requesting provider has exceeded guideline recommendations. MTUS guidelines allow for 8-10 sessions of aquatic therapy OR 8-10 sessions of physical therapy, and generally only recommend aquatic therapy for patients whose weight makes traditional land-based physical therapy excessively difficult. In this case, the patient does not appear to have completed any recent aquatic or physical therapy. However, the request for 2 sessions a week over 8 weeks (a total of 16 treatments) exceeds guideline recommendations - which allow only up to 10. Therefore, the request IS NOT medically necessary.