

Case Number:	CM14-0134142		
Date Assigned:	08/25/2014	Date of Injury:	06/22/2003
Decision Date:	09/29/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an injured worker with complex regional pain syndrome, lumbar spine disorder, chronic pain syndrome, DeQuervain's disorder, and foot pain. The patient has chronic low back pain and lumbar discopathy with radiating leg pain. Date of injury was 06-22-2003. Report dated 7/30/14 documented subjective complaints of chronic low back and lower extremity pain. Medications included Naprosyn and Norco 10/325. The patient has as an ongoing pool membership. Objective findings included antalgic gait, painful feet, negative Homan's sign, decreased hair distal shin, right shin tenderness, lumbar spine tenderness, and varicosities. Weight was 188 pounds. Primary treating physician's report dated 5/7/13 documented a review of physical therapy notes. Exercise consisting of pool-based therapy has been ongoing for years. She also participates in ground-based modalities regularly. X-ray of bilateral knees, feet, and hips performed 8/6/13 reported no acute abnormality. Twelve sessions of physical therapy for supervised hydrotherapy and mattress pad and topper were requested. Utilization review decision date was 8/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mattress pad and topper: 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-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) does not address the request for a mattress pad and topper. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Mattress selection Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Durable medical equipment (DME).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address the request for a mattress pad and topper. Official Disability Guidelines (ODG) state that there is no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. Durable medical equipment (DME) is defined as equipment which is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of injury. Medical records document the diagnoses of complex regional pain syndrome, lumbar spine disorder, chronic pain syndrome, DeQuervain's disorder, and foot pain. The patient has chronic low back pain and lumbar discopathy with radiating leg pain. A mattress pad and topper were requested. No rationale was provided. Mattress pad and topper are not primarily and customarily used to serve a medical purpose, and generally are useful to a person in the absence of injury. Therefore, mattress pad and topper does meet the definition of durable medical equipment (DME). Therefore, mattress pad and topper are not medically necessary. Therefore, the request for Mattress pad and topper is not medically necessary.

12 physical therapy/hydrotherapy sessions: 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 Therapy (PT) Physical Medicine; Aquatic therapy Page(s): 98-99; 22. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule Functional improvement Page 1 Official Disability Guidelines (ODG) Pain (Chronic) Physical Therapy (PT).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) provide Physical Therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. For reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks are recommended. Aquatic therapy is an alternative to land-based physical therapy (Page 22). Aquatic therapy 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. Official Disability Guidelines (ODG) Pain (Chronic) provides Physical Therapy (PT) physical medicine treatment guidelines. For arthritis medical treatment, 9 visits over 8 weeks are recommended. Per MTUS, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The patient has chronic occupational conditions with a date of injury of 06-22-2003. Report dated 7/30/14 documented that the patient has as an

ongoing pool membership. Weight was 188 pounds. Primary treating physician's report dated 5/7/13 documented a review of physical therapy notes. Exercise consisting of pool-based therapy has been ongoing for years. She also participates in ground-based modalities regularly. The available medical records did not present past physical therapy (PT) reports that document functional improvement with previous physical therapy sessions. The medical records do not support the medical necessity of additional 12 sessions of physical therapy for supervised hydrotherapy. Therefore, the request for 12 physical therapy / hydrotherapy sessions is not medically necessary.