

<b>Case Number:</b>	CM14-0139589		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 81-year-old male with date of injury of 10/10/2012. The listed diagnoses per [REDACTED] from 06/30/2014 are: 1. Facet arthropathy of the lumbar spine. 2. Multilevel disk herniations of the lumbar spine with moderate to severe neuroforaminal narrowing. According to this report, the patient complains of low back pain which he rates 7/10 on the pain scale. He states that his back pain is right-sided only. The patient continues to report radiation of pain into the right buttock region. He reports weakness in both of his legs, but denies radiation of numbness or tingling in his legs. The patient continues to use a brace for back pain as needed. He states he continues a home exercise program, but can only walk about 10 minutes at a time due to his severe pain. The patient's treatment history includes 24 visits of chiropractic treatment with minimal relief, over 20 visits of physical therapy for the back with minimal relief. The examination shows the patient is alert and oriented in no acute distress. He has palpation tenderness in the bilateral lower lumbar facet regions. There is a soft tissue mass in the right lumbar paraspinous region. Pain with facet loading of the lumbar spine with right side greater than left. Lumbar extension is limited because of increased pain. Lower extremity sensation is intact. The treater references an x-ray of the left wrist from 09/17/2013 that showed severe DJD as well as periarticular calcification of the distal ulna. Also referenced was an x-ray of the bilateral knees performed on 09/17/2013 that showed severe DJD with 2-mm joint space narrowing on the right knee and moderate DJD with 3-mm joint space narrowing on the left knee. The records show an MRI from 07/10/2014 that showed disk herniation which causes stenosis of the spinal canal and the bilateral neural foramen at L2-L3, L3-L4, L4-L5. Documents included physical therapy reports from 01/22/2014 to 02/07/2014. The Utilization Review denied the request on 08/19/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown hand specialist follow ups:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting hand specialist follow-ups. The ACOEM Guidelines page 341 supports orthopedic followup evaluations every 3 to 5 days whether in person or in telephone. The 06/24/2014 report by [REDACTED] notes that the patient remains quite symptomatic from his left distal radial/ulnar joint arthrosis. He has failed to respond to conservative treatments and requires a left distal radial/ulnar joint hemiresection-interposition arthroplasty with stabilization. [REDACTED] is referring the patient to an orthopedic hand surgeon for an agreed medical examination to have this issue resolved. The patient should be allowed follow-up visitations with specialist given the patient's persistent symptoms. Recommendation is for authorization.

**Eight (8) pool therapy sessions for the back and knee pain:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, aquatic therapy Page(s): 98 and 99, 22.

**Decision rationale:** This patient presents with chronic back pain. The treater is requesting 8 pool therapy sessions for the back and knee pain. The MTUS Guidelines recommends aqua therapy as an option for land-based physical therapy in patients that can benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The records do not show any aquatic therapy reports to verify how many treatments the patient has received and with what results. The Utilization Review denied the request stating, "A request for pool therapy was modified to a certification of 6 sessions between 06/30/2014 and 09/29/2014 in review #1093591 on 08/08/2014. As the request extended until 09/29/2014, additional pool therapy is not medically necessary." The 05/05/2014 report notes that the patient continues to complain of back pain that is worse on the right side as compared to the left. He reports radiation of pain into the right buttock region with reports of weakness in both his legs, but denies radiation of numbness or tingling in his legs. He states he continues to perform his home exercise program, but can only walk about 10 minutes at a time due to the severe pain. The 06/30/2014 report notes continued complaints of back pain with reports of

radiation to the right buttock. The 08/01/2014 report notes that the patient continues to complain of severe and right-sided low back pain and reports that his symptoms have remained unchanged. The patient states that chiropractic treatment only provided temporary relief for his symptoms and that he has not tried water therapy which was intended to provide increased range of motion and function with low impact activity. While the patient does not present with weight-bearing issues, given his chronic back pain and progressively worsening symptoms, the patient can benefit from pool therapy and the request is within MTUS Guidelines. Recommendation is for authorization.