MAXIMUS Federal Services

Case Number:	CM14-0093390		
Date Assigned:	07/25/2014	Date of Injury:	07/01/2005
Decision Date:	10/22/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational 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 a 57 years old female who sustained a cumulative trauma on 07/01/2005 with injuries to her neck, right shoulder, upper extremities, left elbow, and low back.Pain note dated 05/29/2014 states the patient presented with complaints of flare-up and that her low back is painful. She reported pain in her right hand as well. Objective findings on exam revealed tenderness in the cervical facet joints bilaterally, worse on the left hand side. She has pain on cervical extension and facet loading. There are no radicular symptoms elicited. The lumbar spine reproduces low back pain and pain with lumbar extension and facet loading. The right hand was erythematosus and edematous. The patient was diagnosed with chronic pain syndrome, cervical spondylosis, lumbar spondylosis, and possible complex regional pain syndrome of right upper extremity. The patient was recommended to continue aqua therapy and a foam mattress.Prior utilization review dated 06/17/2014 states the request for Aquatic Therapy Sessions is denied as medical necessity has not been established; and Foam Mattress pad is denied as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY; PHYSICAL MEDICINE Page(s): 22; 98-99.

Decision rationale: According to MTUS guidelines, 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." However, in this case medical records do not establish a need for reduced weight-bearing. Further, clinically significant functional improvement, including a reduction in dependency on medical care, from past physical or aquatic therapy is not evident. Medical necessity is not established.

Foam Mattress pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low back, Mattress selection

Decision rationale: A request is made for a foam mattress pad for 57-year-old female with chronic neck and back pain. However, according to ODG guidelines, "there are 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." Medical necessity is not established.