

Case Number:	CM13-0050022		
Date Assigned:	12/27/2013	Date of Injury:	06/26/2001
Decision Date:	02/10/2015	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 66 year old male with the injury date of 06/21/01. Per physician's report 09/11/13, the patient has pain in multiple body parts including his neck, shoulder and lower back. The lists of diagnoses are: 1) Multilevel cervical discopathy 2) S/P left shoulder arthroscopy 02/15/06 3) Multilevel lumbar discopathy 4) Right hip Paget's disease with sprain/ strain 5) Tear of left biceps 6) S/P left knee arthroscopy with arthroscopic partial medial meniscectomy and chondroplasty 04/17/09 7) Left foot metatarsalgia 8) S/P reconstructive surgery of the right hip 9) S/P left foot amputated toe Per 08/08/13 progress report, the patient had his total hip replacement on the right plus the Paget's disease. "[The provider] is not sure whether that is Paget's or whether that is loosing. It is the best to wait for either improvement in his symptoms or worsening of his symptoms. [The provider] wants to see him in a year with a new scan." Per 07/31/13 progress report, the patient has pain in his right hip, back and leg. The patient walks with an antalgic gait with a cane. The diagnostic scans show increased signal at the distal tip of the femoral component. The gadolinium scan is negative but the bone scan reflects the increased uptake. The utilization review determination being challenged is dated on 10/29/13. Treatment reports were provided from 05/22/13 to 09/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy for the right lower extremity (2 times per week for 6 weeks): Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his neck, shoulders, lower back and lower extremities. The patient is s/p multiple surgeries including right hip surgery and left knee arthroscopy on 04/17/09. The request is for 12 sessions of Aqua Therapy for the right lower extremity. The utilization review letter on 10/29/13 indicates that the patient has had aqua therapy in the past. MTUS page 22 states that 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." In this case, the provider has asked for aqua therapy but does not discuss how the patient responded to therapy previously; how much weight was reduced via how many sessions and does not mention what can be expected realistically. The patient does not discuss home exercise either. Furthermore, there is no report indicate whether that patient needs reduced weight bearing or extremely obese. The request is not medically necessary.

Electromyography (EMG) for the bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (Occupational Medicine Practice Guidelines and the Official Disability Guidelines (ODG) Treatment in Workers Compensation, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient presents with pain and weakness in his neck, shoulders, lower back and lower extremities. The patient is s/p multiple surgeries including right hip surgery and left knee arthroscopy on 04/17/09. The request is for Electromyography (EMG) for the bilateral lower extremities. There is no indication provided if there were any previous EMG conducted. For EMG, ACOEM guidelines page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. However, EMG is not recommended for clinically obvious radiculopathy per ODG guidelines. In this case, the provider requested EMG/NCV studies "to determine if there is a neuropathic process." Given that the patient has not had this test performed in the past, the request is medically necessary.

Nerve Conduction Velocity (NCV) for the bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (Occupational Medicine Practice Guidelines and the Official Disability Guidelines (ODG) Treatment in Workers Compensation, Low Back Procedure Summary

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 chapter: Nerve conduction studies.

Decision rationale: The patient presents with pain and weakness in his neck, shoulders, lower back and lower extremities. The patient is s/p multiple surgeries including right hip surgery and left knee arthroscopy on 04/17/09. The request is for NCV for the bilateral lower extremities. There is no indication provided if there were any previous NCS conducted. Regarding Nerve conduction studies, ODG guidelines under Low Back chapter: Nerve conduction studies states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." In this case, the provider does not discuss symptoms in his leg. However, the provider requested EMG/NCV studies "to determine if there is a neuropathic process." Given that the patient has not had this test performed in the past, the request is medically necessary.

Pro-Stim Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit. Page(s): 116.

Decision rationale: The patient presents with pain and weakness in his neck, shoulders, lower back and lower extremities. The patient is s/p multiple surgeries including right hip surgery and left knee arthroscopy on 04/17/09. The request is for Pro-Stim Unit. MTUS, ODG and ACOEM guidelines does not specifically discuss the Pro-stim unit. Pro-stim is a nerve stimulation device that includes TENS, NMS and Interferential unit. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. The MTUS Guidelines do support a trial of TENS with criteria met. Interferential units are supported by MTUS on page 118 to 120 when there is documentation of intolerability to meds, post-operative pain, history substance abuse, etc. For these indications, a one-month trial is then recommended. In this case, the provider has not specified if this request is for a 30 day trial or for purchase. The requested Pro- stim is not medically necessary.

