

Case Number:	CM14-0207454		
Date Assigned:	12/19/2014	Date of Injury:	06/23/2014
Decision Date:	02/18/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for neck pain reportedly associated with an industrial injury of June 23, 2014. In a Utilization Review Report dated November 17, 2014, the claims administrator partially approved a request for 12 sessions of aquatic therapy as six sessions of aquatic therapy while denying an interferential unit outright. The claims administrator referenced an October 24, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a Doctor's First Report (DFR) dated October 24, 2014, the applicant reported ongoing complaints of neck, bilateral upper extremity, shoulder, wrist, forearm, and elbow pain with derivative complaints of depression and anxiety reportedly attributed to cumulative trauma at work. Twelve sessions of aquatic therapy, an interferential unit, and a psychiatric consultation were endorsed while the applicant was placed off of work, on total temporary disability. The applicant's gait was not clearly described or characterized. In an earlier office visit with another provider dated August 29, 2014, the applicant was described as having issues with fibromyalgia, neck pain, and diabetes. The applicant's gait, once again, was not clearly described or characterized. Norco and Flexeril were endorsed. The applicant was taken off of work owing to issues with psychological stress. The applicant was asked to transfer care elsewhere. Trigger point injection was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Pool Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, as, for instance, with extreme obesity, in this case, however, there was no mention of reduced weightbearing's being desirable here. There was no mention of the applicant's having issues with gait derangement or gait disturbance evident on either progress note of August 29, 2014 or October 24, 2014, referenced above. It was not clearly stated why aquatic therapy was preferable to land-based therapy and/or land-based exercise. The applicant's gait was not described or characterized on either occasion. Therefore, the request is not medically necessary.

1 Interferential Unit: Upheld

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), Interferential Current Stimulation (ICS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, an interferential unit device should only be purchased after an applicant has completed a previously successful one-month trial of the same, with evidence of increased functional improvement, less pain, and medication reduction during said one-month trial. Here, however, the attending provider seemingly sought to purchase the device at issue without an intervening one-month trial of the same. The request, thus, as written, is at odds with page 120 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.