

Case Number:	CM14-0210603		
Date Assigned:	12/23/2014	Date of Injury:	09/19/2012
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 57 year old employee with date of injury of 9/19/12. Medical records indicate the patient is undergoing treatment for pain in cervical and lumbar spine, bilateral knees and left wrist. Subjective complaints include loss of sleep due to pain. His pain in the lumbar spine is described as intermittent sharp, stabbing low back pain with heaviness and numbness. The pain radiates to the bilateral extremities with weakness and muscle spasms. This pain comes with repetitive or sudden movements, lifting 10 lbs or more, standing, walking, driving, bending, kneeling, twisting and overhead reaching. Objective findings include tenderness to palpation of the bilateral SI joints and lumbar paravertebral muscles. There is muscle spasm of the bilateral gluteus and lumbar paravertebral muscles. Kemp's and straight leg raise are positive. He has a positive Phalen's and McMurray's test. Treatment has consisted of Hydrocodone, Naproxen, Cyclobenzaprine and Omeprazole. The utilization review determination was rendered on 11/18/14 recommending non-certification of Aquatic therapy for cervical and lumbar 3 x 6; Aquatic therapy for left wrist 3 x 6; Aquatic therapy for left knee 3 x 6; Aquatic therapy for right knee 3 x 6; Functional capacity evaluation and Neurosurgeon consultation for cervical and lumbar spine and MRI of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for cervical and lumbar 3 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy; MD Guidelines, Aquatic Therapy

Decision rationale: California MTUS guidelines state that "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." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." The medical documents provided do not indicate any concerns that patient was extremely obese. The patient's BMI is noted to be 27 which place him as overweight and not obese. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Official Disability Guidelines states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. While the treating physician notes that the patient has completed physical therapy there was no mention of the number of physical therapy sessions completed or the outcome of those sessions. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities and a home exercise program. As such, the current request for aquatic therapy for cervical and lumbar 3 x 6 is not medically necessary.

Aquatic therapy for left wrist 3 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy; MD Guidelines, Aquatic Therapy

Decision rationale: California MTUS guidelines state that "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." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." The medical documents provided do not indicate any concerns that patient was extremely obese. The patient's BMI is noted to be 27 which place him as overweight and not obese. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Official Disability Guidelines states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. While the treating physician notes that the patient has completed physical therapy there was no mention of the number of physical therapy sessions completed or the outcome of those sessions. . Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities and a home exercise program. As such, the current request for aquatic therapy for the left wrist 3 x 6 is not medically necessary.

Aquatic therapy for left knee 3 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy; MD Guidelines, Aquatic Therapy

Decision rationale: California MTUS guidelines state that "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." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." The medical documents provided do not indicate any concerns that patient was extremely obese. The patient's BMI is noted to be 27 which place him as overweight and not obese. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Official Disability Guidelines states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would

be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. While the treating physician notes that the patient has completed physical therapy there was no mention of the number of physical therapy sessions completed or the outcome of those sessions. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities and a home exercise program. As such, the current request for aquatic therapy for the left knee 3 x 6 is not medically necessary.

Aquatic therapy for right knee 3 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy; MD Guidelines, Aquatic Therapy

Decision rationale: California MTUS guidelines state that "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." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." The medical documents provided do not indicate any concerns that patient was extremely obese. The patient's BMI is noted to be 27 which place him as overweight and not obese. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Official Disability Guidelines states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. While the treating physician notes that the patient has completed physical therapy there was no mention of the number of physical therapy sessions completed or the outcome of those sessions. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities and home exercise program. As such, the current request for aquatic therapy for the right knee 3x6 is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical

Examinations, page 132-139 and Consultations and Official Disability Guidelines (ODG), Fitness for Duty Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: ACOEM guidelines state "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability". Additionally, "It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient." Progress notes by the treating physicians make no indication that additional delineation of the patient's capabilities is necessary to determine return to work. Official Disability Guidelines further specifies guidelines for functional capacity evaluations "Recommended prior to admission to a Work Hardening (WH) Program." "An FCE is time-consuming and cannot be recommended as a routine evaluation." "Consider an FCE if 1. Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified." The medical documents provided do not indicate that any of the above criteria were met. As such, the request for baseline functional capacity evaluation is not medically necessary.

Neurosurgeon consultation for cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 - Independent Medical Examinations and Consultations, page 127, 156 and Official Disability Guidelines (ODG), Pain Chapter, Official Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

Decision rationale: MTUS is silent regarding visits to a Neurosurgeon. Official Disability Guidelines states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically

feasible." The treating physician does not detail a trial and failure of conservative treatment, focal neurologic deficits in the extremities or evidence of red neurological symptoms flag symptoms. As such, the request for neurosurgeon consultation for cervical and lumbar spine is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." Official Disability Guidelines states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI lumbar spine is not medically necessary.