

Case Number:	CM14-0219053		
Date Assigned:	01/13/2015	Date of Injury:	01/25/2014
Decision Date:	03/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/31/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 52 year old female who sustained an industrial injury on January 25, 2014. The mechanism of injury occurred when she stripped over a cord and fell. The injured worker reported falling on both knees and both hands. She developed pain in wrists and hands, knees and lower back. Diagnoses include pain in the joint of the lower leg, depressive disorder, carpal tunnel syndrome, sprain/strain of the cruciate ligament of the knee, enthesopathy unspecified site and myalgia and myositis unspecified. Treatment to date has included x-rays of the knees and wrists which were negative for a fracture, pain management, physical therapy and aquatic therapy. The physical therapy did not improve the her pain. Current documentation dated November 10, 2014 notes that the injured worker reported constant upper and low back pain. The pain was rated at a five to eight out of ten on the Visual Analogue Scale without medications. Pain medication relieves her pain by sixty to eighty percent and allows for an increase in activities of daily living. The injured worker also reported severe depression and difficulty with sleeping. The injured worker was noted to have a decreased range of motion of the bilateral wrists, bilateral knees, thoracic spine and lumbar spine. There were multiple myofascial trigger points and taut bands noted in the thoracic and lumbar paraspinal musculature. On December 31, 2014, the injured worker submitted an application for IMR of a home exercise program and swimming pool exercises daily. On December 2, 2014 Utilization Review non-certified the requests for the home exercise program and swimming pool exercises daily. The MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

HEP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 'Pain (chronic)' and topic 'Exercise'

Decision rationale: The patient presents with constant upper and lower back pain rated at 5-8/10 without medications along with frequent pain in wrists and knees rated at 5-7/10, as per progress report dated 11/10/14. The request is for HEP. Her diagnoses includes sprain injury of bilateral knees, chronic tenosynovitis of bilateral wrists with history of carpal tunnel syndrome, chronic myofascial pain syndrome of the thoracolumbar spine, chronic daily headaches, depression and insomnia. The patient has been allowed to return to work with restrictions, as per the same progress report. ODG guidelines, chapter 'Pain (chronic)' and topic 'Exercise', states that exercise regimens are recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. In this case, the patient has completed six sessions of physical therapy, as per progress report dated 04/21/14. It is prudent to transition to a home exercise program subsequently. ODG guidelines also support exercise programs to strengthen and condition the affected body parts. However, HEP does not require a request from the treater as the it does not involve any financial reimbursement. The patient can go ahead with the recommended exercises. This request IS NOT medically necessary.

Swimming pool exercises daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with constant upper and lower back pain rated at 5-8/10 without medications along with frequent pain in wrists and knees rated at 5-7/10, as per progress report dated 11/10/14. The request is for SWIMMING POOL EXERCISES DAILY. Her diagnoses includes sprain injury of bilateral knees, chronic tenosynovitis of bilateral wrists with history of carpal tunnel syndrome, chronic myofascial pain syndrome of the thoracolumbar spine, chronic daily headaches, depression and insomnia. The patient has been allowed to return to work with restrictions, as per the same progress report. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Patients with "myalgia and myositis,

9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed."In this case, the patient has received six sessions of physical therapy without any benefit, as per progress report dated 04/21/14. In the same progress report, the treater is requesting for 12 sessions of aquatic therapy. In progress report dated 11/10/14, the treater sates that daily swimming pool exercises are for general strengthening, physical conditioning, and mood elevation. However, MTUS recommends aquatic therapy only for obese patients and for those who cannot participate in weight-bearing, land-based exercises. The progress reports do not document any such limitations. Hence, the request IS NOT medically necessary.