

Case Number:	CM15-0116792		
Date Assigned:	06/25/2015	Date of Injury:	03/12/2015
Decision Date:	08/25/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 03/12/2015. She has reported injury to the neck, bilateral shoulders, bilateral knees, and low back. The diagnoses have included cervical spine sprain/strain with spondylosis; lumbar spine sprain/strain; bilateral shoulder impingement; bilateral wrist tendonitis/De Quervain's; and bilateral knee sprain/strain. Treatment to date has included medications, diagnostics, and aquatic therapy. Medications have included Anaprox. A progress note from the treating physician, dated 04/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the low back and bilateral knees; symptoms are mostly unchanged; pain is rated at 5-10 on a pain scale from 0 to 10; pain is moderate and frequent and described as dull and sharp with numbness, weakness, and ache; and she is scheduled to have left total knee arthroplasty on private basis. Objective findings included tenderness to the lumbar paraspinals with slight spasm and guarding; positive straight leg raise test on the left; decreased lumbar spine range of motion; tenderness to palpation of the bilateral knees at the medial, lateral, and peripatellar regions; and positive patellofemoral crepitus. The treatment plan has included the request for aquatic therapy, 3 times a week for the neck, back, shoulders, and knees, quantity: 12; home interferential unit, quantity: 1; lumbosacral orthosis; and rheumatologic consultation, quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, 3 times a week for the neck, back, shoulders and knees Qty: 12: 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), Low Back Chapter, Aquatic Therapy.

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

Decision rationale: CA MTUS guidelines recommend aquatic therapy (AT) as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. AT can minimize the effects of gravity, so it is specifically recommended where decreased weight-bearing is desirable, for example extreme obesity. In this case, there is no documentation regarding the amount of AT received to date and the patient's overall response to this therapy. Therefore the request is not medically necessary or appropriate.

Home interferential unit Qty: 1: 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 Chapter, ICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118-120.

Decision rationale: CA MTUS states that ICS units are not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. In this case, there is no documentation submitted of conservative treatments that have been tried and failed. Therefore the request is not medically necessary or appropriate.

Lumbosacral orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request of a lumbar orthosis is not medically necessary, medically appropriate or indicated in this case. As noted in MTUS/ACOEM Guidelines, lumbar supports are not recommended outside the acute phase of symptom relief. In this case, the patient's injury was over 5 months ago, placing her well outside the acute phase of injury. Therefore the request is not medically necessary.

Rheumatologic consultation Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: ACOEM Occupational Practice Guidelines (2004), pg 127, states that a provider may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychological factors are present, or when the plan of therapy may benefit from additional expertise. In this case, the medical records do not demonstrate sufficient rationale for a rheumatological consultation. Therefore the request is not medically necessary or appropriate.