

Case Number:	CM15-0034545		
Date Assigned:	03/02/2015	Date of Injury:	05/22/2014
Decision Date:	06/16/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 45 year old male, who sustained an industrial injury on 5/22/2014. He has reported an injury with loss of consciousness, resulting in a closed head injury and back pain. The diagnoses have included concussion with post traumatic head syndrome, lumbosacral strain/sprain, carpal tunnel syndrome, cervical strain/sprain and left knee internal derangement. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and physical therapy. Currently, the IW complains of moderate back pain rated 7/10 VAS with mild headaches. The physical examination from 12/8/14 documented decreased cervical Range of Motion (ROM) with pain and spasms, left wrist tenderness with decreased Range of Motion (ROM) and pain and decreased Range of Motion (ROM) in the left knee. The plan of care included continuation of previously prescribed medication and referral to pain management. On 2/2/2015 Utilization Review non-certified a home exercise kit, a lumbar brace, physical therapy, aquatic therapy, podiatry consultation, and modified certification for a Transcutaneous Electrical Nerve Stimulation (TENS) unit for a thirty (30) day trial, and six acupuncture for the spine and knee, not approved for the wrist. The MTUS and ODG Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of Transcutaneous Electrical Nerve Stimulation (TENS), left wrist brace, home exercise kit, lumbar brace, six acupuncture treatment sessions, and twelve (12) aquatic therapy sessions and a podiatry consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter - Home exercise kits.

Decision rationale: Per ODG guidelines home exercise kits are recommended as an option. Home exercise kits and when home exercise programs are recommended and where active self-directed home physical therapy is recommended. The documentation does not contain notes from physical therapy regarding a home exercise program which would necessitate a home exercise kit. This request is not medically necessary.

Lumbar brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: ACOEM guidelines state there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per ODG guidelines, lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). The IW has diagnoses of lumbar strain/sprain and lumbar radiculitis which are not indications for a lumbar support. This request is not medically necessary.

Acupuncture x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Knee & Carpal Tunnel Syndrome Chapters.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to

hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm, ODG guidelines recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. Acupuncture for the knee is recommended as an option for osteoarthritis, but benefits are limited. Carpal tunnel guidelines state that acupuncture is not recommended. As the request was for acupuncture for all sites this request is deemed to be not medically necessary.

Mechanical traction/paraffin bath/massage/ultrasound diathermy/electrical stimulation/matrix x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Knee & Carpal Tunnel Syndrome Chapters.

Decision rationale: Physical therapy is recommended by MTUS for chronic pain if caused by musculoskeletal conditions. Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. With regards to Thoracic/lumbosacral neuritis/radiculitis it is recommended as an option, 10-12 visits over 8 weeks. Knee guidelines state that the IW should receive 12 visits over 8 weeks for treatment. With regards to carpal tunnel syndrome treatment is recommended for 1-3 visits over 3-5 weeks. There is little information regarding previous treatments and possible history of physical therapy, duration and response. The medical necessity of this request is unable to be affirmed.

Pool therapy x 12: Upheld

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

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 - Aquatic therapy.

Decision rationale: 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. The aquatic exercise program consisted of 20 sessions, 5 x per week for 4 weeks in a swimming pool. The request is for 12 sessions which is less than what is recommended and the rationale for the need for aquatic therapy is not included in the documentation. This request is not medically necessary.

Podiatry consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse - Preventive activities in older age.

Decision rationale: Per the guidelines noted it is necessary to refer people with painful feet or foot deformities to podiatry for intervention. There is no mention of foot symptoms nor a physical examination of the IW's feet. The request is not medically necessary.