

Case Number:	CM15-0045010		
Date Assigned:	03/16/2015	Date of Injury:	06/30/2009
Decision Date:	05/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/09/2015

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

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 57-year-old female who reported injury on 06/30/2009. The mechanism of injury was not provided. The diagnoses included sprain of neck and lumbar; and sprains and strains of the unspecified shoulder and arm; brachial neuritis/radiculitis; thoracic or lumbosacral neuritis/radiculitis unspecified; disorder of the bursae/tendon in the shoulder region unspecified; sprains and strains of unspecified site of the knee and leg; and enthesopathy of the wrist and carpus; sprain of the ankle; adhesive capsulitis of the shoulder; pain in joint, multiple sites; tear of the medial cartilage or meniscus of knee, current; sprains and strains of unspecified site of hip and thigh; and displacement of the lumbar intervertebral disc without myelopathy. Prior therapies included chiropractic care, acupuncture, aquatic therapy, and physical therapy. The documentation of 01/15/2015 revealed the injured worker had complaints of worsening pain. The injured worker had limited range of motion with limping, ambulation. The injured worker was requesting physical therapy, aquatic therapy, acupuncture and chiropractic care for every body part. The treatment plan included aquatic therapy 2 times a week x4 weeks to improve body mechanics, function and flexibility to the bilateral shoulders, bilateral knees, lumbar spine column, bilateral hips, cervical spine, bilateral ankles and elbow. The request was made for chiropractic and acupuncture treatment 3 times a week for 4 weeks to improve tolerance and balance to her lumbar spine, bilateral shoulders, bilateral knees and bilateral hips. The documentation indicated the injured worker had responded well to treatments in the past however continued to struggle with weakness and postural stabilization. The request was made for a hot tub to promote relaxation and release accumulated stress and gently stretch connective

tissues. Medications were requested including cyclobenzaprine 7.5 mg #60, diclofenac ER, diclofenac sodium AR 100 mg, tramadol, hydrochloride 150 mg, pantoprazole sodium ER 20 mg and Ambien 10 mg as well as topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Hot tub: 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) - Knee and Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment (DME).

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need and if the system or device meets Medicare's definition of durable medical equipment including that is primarily and customarily used to serve a medical purpose and it is generally not useful an injured worker in the absence of illness or injury. The clinical documentation submitted for review indicated the requested hot tub was to assist with relaxation. However, there was a lack of documentation supporting this was entirely for a medical purpose. There was a lack of documentation indicating it is not useful to an injured worker in the absence of illness or injury. There was a lack of documentation of exceptional factors. As such, this request would not be supported. Given the above, the request for a DME hot tub is not medically necessary.

Aquatic therapy 3 x 4 cervical spine, lumbar spine, bilateral ankles, bilateral hips, bilateral shoulder and bilateral knees: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy when there is a necessity for reduced weight bearing. It is recommended for up to 10 visits for myalgia and myositis. There clinical documentation submitted for review indicated the injured worker had previously undergone aquatic therapy. There was a lack of documentation of a need for reduced weight bearing. There was a lack of documentation of objective functional benefit that was received in the quantity of session attended. There was a lack of documentation of remaining objective functional deficits to support the necessity for additional therapy. The request as submitted exceeded guideline recommendations. Given the above, the request for aquatic therapy 3 x 4 cervical spine, lumbar

spine, bilateral ankles, bilateral hips, bilateral shoulder and bilateral knees is not medically necessary.

Chiropractic 3 x 4 cervical spine, lumbar spine, bilateral ankles, bilateral hips, bilateral shoulder and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated the injured worker had previously utilized manipulation. There was lack of documentation of exceptional factors, as it is not recommended for the ankle and foot or for the knee. The objective functional benefit that was previously received was not provided. There was a lack of documentation indicating the injured worker had decreased pain and an improvement in quality of life. The prior quantity of sessions were not provided. Given the above, the request for chiropractic 3 x 4 cervical spine, lumbar spine, bilateral ankles, bilateral hips, bilateral shoulder and bilateral knees is not medically necessary.

Acupuncture 3 x 4 cervical spine, lumbar spine, bilateral ankles, bilateral hips, bilateral shoulder and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the

injured worker had previously utilized acupuncture. However, there was a lack of documentation of a clinically significant improvement in activities or a reduction in work restrictions. There was a lack of documentation indicating the quantity of sessions previously attended. The request for 12 sessions would exceed guideline recommendations. Given the above and the lack of documentation, the request for acupuncture 3 x 4 cervical spine, lumbar spine, bilateral ankles, bilateral hips, bilateral shoulder and bilateral knees is not medically necessary.