

Case Number:	CM15-0072960		
Date Assigned:	04/23/2015	Date of Injury:	07/09/2013
Decision Date:	05/27/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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 (IW) is a 49-year-old female who sustained an industrial injury on 07/09/2013. Diagnoses include spinal stenosis of the lumbar region, acromioclavicular joint osteoarthritis and bilateral carpal tunnel syndrome. Treatment to date has included medications, activity modification, physical therapy, home exercise program and epidural steroid injections. Diagnostics included electrodiagnostic testing, x-rays and MRIs. According to the progress notes dated 3/17/15, the IW reported pain in the lower back, right shoulder, bilateral wrists and bilateral legs. A request was made for physical therapy twice weekly for six weeks for the lumbar spine, right shoulder and bilateral hands, to begin after the epidural steroid injection, to increase functionality and decrease pain; MRI of the right hip due to worsening pathology and decreased functionality, and a gym membership or stationary bike to allow for continuing home exercise for increased function and for prevention of further injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar spine, right shoulder and bilateral hands, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99.

Decision rationale: CA MTUS guidelines for physical medicine state, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, endurance, strength, function, range of motion and can alleviate discomfort." Recommendations are generally for eight to ten visits. This patient has had prior and recent physical therapy to the lumbar spine, but there is no documented evidence of objective improvement. Thus additional physical therapy visits for the lumbar spine are not indicated. The request also includes physical therapy visits for the right shoulder and bilateral hands. The records do not indicate previous physical therapy to these regions of the body. In addition, the patient's symptoms and physical findings justify a trial of physical therapy to attempt symptom relief and functional improvement. If the request was modified to physical therapy to the right shoulder and bilateral hands for the recommended ten visits, it could be reconsidered for approval. As the request stands now, it is deemed not medically necessary.

MRI of the right hip: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and pelvis chapter.

Decision rationale: The MTUS does not specifically address MRI of the right hip. The ODG supports the use of hip MRI in certain instances, such as acute or chronic soft tissue injuries or osseous injuries. In this case the patient only recently complained of hip pain. The physical examination showed minimal findings, such as tenderness over the greater trochanter, consistent with bursitis. There is no evidence in the records of a trial of conservative therapy. There are also no plain x-ray films of the hip, which should be performed prior to an MRI. This request is thus deemed not medically necessary or appropriate.

Gym membership or stationary bike: 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), Gym Memberships Chapter.

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 chapter, gym membership.

Decision rationale: The request is for "gym membership or stationary bike for continuing home exercise for increased function and for prevention of further injuries." The ODG do not recommend gym memberships, as they are not considered medical treatment and therefore are not covered under the ODG. In addition, gym memberships are "not recommended as a medical treatment unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." It is not clear from the records provided that a home exercise program has been tried and failed. It is also not clear what specific exercises would be required and what form of monitoring would be utilized. There was no documentation in the records submitted justifying non-adherence to guideline recommendations. Therefore, the request for gym membership or stationary bike is deemed not medically necessary.