

<b>Case Number:</b>	CM15-0092256		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Florida  
 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:

This is a 41 year old female with a May 3, 2012 date of injury. A progress note dated April 15, 2015 documents subjective findings (still in pain; pain is worse on cervical spine and lumbar spine and right hip; right shoulder and bilateral knees are unchanged), objective findings (tenderness to palpation over right groin; bilateral knee pain with compression; antalgic gait), and current diagnoses (cervical myofascial sprain/strain; lumbar myofascial sprain/strain; abnormal gait; knee chondromalacia patella; hip impingement; hip sprain/strain). Treatments to date have included home exercise, imaging studies, and medications. The treating physician documented a plan of care that included bilateral knee gripper braces, physical therapy for the lumbar spine and cervical spine, aqua therapy for the bilateral knees, purchase of a rigid Sleep Number mattress, purchase of lumbar support, lumbar seat support, and weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy 2 times a week for 6 weeks for the lumbar spine, cervical spine and right hand rehab Qty 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** A progress note dated 4/2015 notes that this patient has never before had physical therapy for the lumbar or cervical spine. She is noted on this physical exam to have tenderness to palpation of the lumbar and cervical regions, and to have an antalgic gait. 12 physical therapy sessions for the lumbar, cervical, and right hand have been requested. This number of sessions exceeds guideline recommendations. In accordance with California MTUS guidelines 8-10 visits over 4 weeks are recommended in the treatment of neuralgia, neuritis, and radiculitis. For myalgia and myositis 9-10 visits over 8 weeks is recommended. Likewise, this request is not medically necessary.

**Outpatient Aqua Therapy 2 times a week for 6 weeks for bilateral knee and right hip rehab, Qty 12:** Overturned

**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 Page 22 of 127.

**Decision rationale:** MTUS guidelines state regarding aquatic therapy: "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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)" Regarding this patient's case, this patient is obese and she is desiring weight loss. MTUS guidelines state that the number of visits should be addressed by the physical medicine guidelines. Accept, MTUS does not specifically address physical therapy recommendations for the nonsurgical knee and hip. Therefore, ODG guidelines were referenced. For sprains and strains of the knee ODG recommends 12 visits over 8 weeks. Regarding the hip, ODG does not give a specific recommendation. But, ODG does state that for problems with gait at least 16 visits can be approved. This patient is noted to have an antalgic gait. In this case, 12 aquatic therapy visits for the knees and hip have been requested. This request satisfies ODG guidelines. Likewise, this request is medically necessary.

**Purchase of Rigid Sleep Number Mattress:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mattresses.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online edition 2015 Mattress.

**Decision rationale:** MTUS and ACOEM are silent on the issue of mattresses. ODG states the following with regards to mattresses and low back pain: Not recommended to use firmness as sole criteria. In a recent RCT, a waterbed (Aqva) and a body-contour foam mattress (Tempur) generally influenced back symptoms, function, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in this study was the large amount of dropouts. The predominant reason for dropping out before the trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening LBP, as users were more likely to turn around in the bed during the night because of pressures on predominating body parts. (Bergholdt, 2008) Another clinical trial concluded that patients with medium-firm mattresses had better outcomes than patients with firm mattresses for pain in bed, pain on rising, and disability; a mattress of medium firmness improves pain and disability among patients with chronic non-specific low-back pain. (Kovacs, 2003) There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. Regarding this patient's case, there is no documentation of decubiti. Again, as discussed above, "there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." Likewise, this request is not medically necessary.

**Purchase of Lumbar Support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Complaints Page(s): 301.

**Decision rationale:** California MTUS guidelines state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". This patient is well documented to have chronic pain. MTUS guidelines are not satisfied. Likewise, this request for a lumbar support/lumbar seat support is not medically necessary.

**Lumbar Seat Support and Weight Loss Program such as weight watchers, [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.aetna.com/cpb/medical/data](http://www.aetna.com/cpb/medical/data).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians. Which Weight-Loss Programs Are Most Effective Am Fam Physician. 2012 Aug 1; 86 (3): 280-282.

**Decision rationale:** The California MTUS guidelines, ODG, and ACOEM are all silent on the issue of weight loss programs. There are no substantial studies available that compare physical results achieved in the home setting versus in various formalized program settings that are well recognized by the leading medical authorities in primary care. This patient can initiate/continue her weight loss efforts in the home setting. This request for a weight loss program is not medically necessary. Note: Regarding the Lumbar Seat Support, please see the above determination where this issue is addressed.