

Case Number:	CM14-0149000		
Date Assigned:	09/18/2014	Date of Injury:	07/24/2014
Decision Date:	10/21/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69-year-old female who reported a date of injury of 07/24/2014. The mechanism of injury was reported as a fall. The injured worker had diagnoses of right hip sprain and right trapezius strain. Prior treatments included physical therapy and home exercise program. The injured worker had an x-ray of the lumbosacral spine on 08/05/2014 with the official report indicating moderately severe changes and aortic atherosclerosis; postoperative changes in the pelvis; severe degenerative change at L4-5 and L5-S1; moderate degenerative changes at L3-4; and no fracture. The injured worker had an x-ray of the hip and pelvis on 08/05/2014 with the official report indicating no acute fracture; postoperative changes in the pelvis; and degenerative changes in the lower lumbar spine. Surgeries were not indicated within the medical records received. The injured worker had complaints of frequent pain in the left wrist and hand as well as her low back and right leg with hand swelling. The clinical note dated 09/18/2014 noted the injured worker had diffuse tenderness to palpation over the left wrist and hand, right fingers and hand with chronic deformities from underlying chronic rheumatoid arthritis. Low back and right leg were unchanged from prior examination. Medications were not indicated within the medical records provided. The treatment plan included the physician's recommendation for the injured worker to execute a gentle home exercise program as tolerated and a referral for a pain management clinic. The Request for Authorization form was received on 09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine & Rehabilitation Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): Pages 21-22.

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

Decision rationale: The injured worker had complaints of frequent pain in the left wrist and hand as well as her low back and right leg with hand swelling. The California MTUS Guidelines recommend physical therapy as an active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend to allow for a fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. The injured worker is noted to have completed 4 out of 6 physical therapy visits as of the 08/22/2014 examination. There is a lack of documentation the injured worker benefited from physical therapy indicative of functional gains and improvements in range of motion. Furthermore, there is a lack of documentation the injured worker is executing active therapies at home as an extension for the treatment process. The guidelines recommend 10 visits over 8 weeks for lumbar sprains and strains, however, the injured worker is noted to have completed 4 out of 6 approved physical therapy visits as of 08/22/2014, for which the request for a physical medicine and rehabilitation consult would not be warranted. As such, the request for Physical Medicine and Rehabilitation Consult is not medically necessary.

Aquatherapy for trapezius, low back, hip, and wrist Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Page 182 and 166. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back Chapter

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

Decision rationale: The injured worker had complaints of frequent pain in the left wrist and hand as well as her low back and right leg with hand swelling. The California MTUS Guidelines recommend aquatherapy 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. Water exercise improves 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. There is a lack of documentation the injured worker was intolerant of prior treatments with land based physical therapy. The guidelines indicate aquatic therapy to minimize the effects of gravity, so it is

specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. However, there is a lack of documentation the injured worker has obesity or reduced weight bearing is desired. Furthermore, there is a lack of evidence the injured worker has fibromyalgia to warrant the need for aquatic therapy. As such, the request for Aqua Therapy for Trapezius, Low Back, Hip, and Wrist quantity 6 is not medically necessary.