

<b>Case Number:</b>	CM13-0016350		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	06/15/1999
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Family Medicine, 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:

60-year-old female claimant sustained a work injury on July 15, 1999 . She was diagnosed with post-traumatic epilepsy, anxiety, depression and vertigo. An MRI of the brain in 2011 showed right parietal encephalomalacia. A progress note on May 1, 2013 indicated the claimant had increased falls due to disequilibrium and positional vertigo. There was occasional twitching of the left on and right hand numbness. Physical findings were notable for TMJ tenderness on the left side. She was currently on Dilantin. A prior EMG was found to show right carpal tunnel syndrome. The treating physician recommended weight loss, Pool therapy for the legs come up balance testing and wrist splinting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POOL THERAPY FOR LOWER EXTREMITIES; AMOUNT AND FREQUENCY/DURATION NOT SPECIFIED: Upheld**

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

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

**Decision rationale:** According to the MTUS guidelines, aquatic therapy recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. In this case there is no mention for the amount of supervised visits requested. There is no mention of failed because of therapy and assistance in land-based situations. The request for therapy above is not medically necessary.

**WEIGHT LOSS (PROGRAM NOT SPECIFIED):** 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) National obesity guidelines

**Decision rationale:** According to the national guidelines, dietary therapy and physical therapy are recommended for initial weight loss. This trial should be given for up to six months within expectation to reduce weight by 10%. If more weight loss is needed, an attempt for further weight can be done with medications. For those who were unable to achieve weight reduction, such patients can participate in a weight loss program. In this case, the attempt to lose weight through the conservative options above were not specified in the notes. In addition, the length of time for weight loss program intervention and the type of program was not specified in the request. Therefore, the weight loss program about is not medically necessary.