

Case Number:	CM13-0025867		
Date Assigned:	11/20/2013	Date of Injury:	06/15/1999
Decision Date:	10/23/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/18/2013

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:

This 60-year old woman had a non-industrial posttraumatic seizure disorder from a motor vehicle accident in 1966 which was presumed to be worsened by work-related stress, date of injury 6/15/99. She also has L hemiparesis which appears to be due to the 1966 MVA. According to the most recent available progress note of 8/2/13 from the primary treater, a neurologist, the patient's symptoms include increased disequilibrium and increased near falls, though her last fall was in December of 2012. She has increased positional vertigo every morning. Her L knee buckles occasionally. She also has episodes of limb twitching, and episodes of nocturnal cheek biting which occur about every other month. She has R hand pain and numbness at night. She has decreasing headaches. There is a statement that "exercise is helping", it is unclear for what conditions. The patient walks up to 1.5 hours rarely. The documented physical exam includes only decreased range of motion of the left ankle and L TMJ tenderness. There is no exam of either knee, and no testing of gait or balance. Current diagnoses include posttraumatic epilepsy, posttraumatic anxiety and depression, and acute vertigo. Treatment plan includes balance testing, weight loss, Valium 5 mg #10 for situational anxiety and pool therapy "for legs". A review of the records reveals that pool therapy has been listed as part of the treatment beginning as early as 7/8/10, and has been non-certified in UR multiple times. On 5/9/12 the primary provider requested a gym membership to include 5 sessions with a personal trainer, to be followed by monthly supervision. This was apparently authorized, since the provider cites non-response to this program as evidence that the patient needs pool therapy in a 9/9/12 letter of appeal. The letter also states that the patient walks one hour six times per week. The stated basis for non-response to home and gym exercise is that the patient continues to have buckling of her L knee, L ankle pain and L-sided hemiparesis. Another appeal letter from the primary treater dated 8/22/13, cites the patient's imbalance, buckling knees and legs completely

giving out as the basis for requesting pool therapy, in addition to the buoyancy of the water, which would help support her weight. He also asserts that there is ample evidence to support the effectiveness of weight loss programs, and cites three articles: one on the impact of body weight management in chronic kidney disease and obesity, another on the long-term effect of weight loss on obstructive sleep apnea, and a third on adolescent exergame play for weight loss. This patient's work status has been permanent total disability for many years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy - three (3) days a week for six (6) weeks for the bilateral lower extremities:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement, Physical Medicine, Aquatic therapy Page(s): 9, 98-99, 22.

Decision rationale: Per the first guideline cited above, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The second guideline states that active therapy is recommended over passive care, with transition to home therapy. Recommended quantities: Myalgia and myositis, 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. Per the third reference, aquatic therapy is recommended as an optional form of exercise therapy, 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. Regular exercise and higher intensities may be required to preserve most gains from water therapy. The clinical findings in this case do not support the use of aquatic therapy. This patient has already had land-based therapy, which has not resulted in any functional improvement. Aquatic therapy is not an alternative to be used when land-based therapy is unsuccessful; it is an alternative that may be used when land-based therapy is unfeasible. If in fact aquatic therapy is instituted, any gains made often can only be maintained through land-based exercise. The only references to treatment goals by the provider in this case include listing pool therapy "for legs", and his statement that previous land-based therapy did not help her knee buckling, her ankle pain or her hemiparesis, and a more recent rationale which included the patient's imbalance and the buoyancy of the water as reasons for therapy. If land-based therapy did not help these problems, aquatic therapy is even less likely to do so. The treater has not described any functional goals that could be addressed by pool therapy. Since the patient has been totally disabled for many years, it does not appear likely that there are significant functional improvements that could be addressed. Based on the evidence-based references above, and the clinical finding in this case, pool therapy three days a week for six weeks is not medically necessary. It is not necessary because no functional goals have been delineated for its use, and because the patient has not

responded to previous land-based therapy, making it unlikely that she will respond to aquatic therapy.

██████████ **weight loss program:** 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 Other Medical Treatment Guideline or Medical Evidence: UptoDate, an online evidence-based review service for clinicians (www.uptodate.com), Obesity in adults: Overview of management.

Decision rationale: The MTUS does not provide direction for weight loss programs or obesity treatment. Medical necessity for a "weight loss program" is contingent upon more than just the presence of obesity. Per the UptoDate reference, patients with obesity should be stratified into risk categories based on Body Mass Index. Patients with a Body Mass Index over 40 are at highest risk and should receive lifestyle intervention, pharmacological therapy, and possibly bariatric surgery. Diet, exercise, and behavioral treatment are the most important strategies for weight loss. This UptoDate guideline lists several obesity management protocols from major national medical organizations. The treating physician has not provided sufficient information regarding this injured worker's past and current weight, prior treatment for obesity, specific details of any proposed obesity treatment, goals for treatment, and duration of any proposed treatment. Absent these kinds of specific details and treatment plan, a request for a weight loss program lacks the necessary components to demonstrate medical necessity. Based on the evidence-based citation above and the clinical findings in this case, the ██████████ weight loss program is not medically necessary.