

Case Number:	CM13-0027254		
Date Assigned:	03/19/2014	Date of Injury:	05/16/2009
Decision Date:	04/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/20/2013

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 Occupational 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:

The patient is an employee of [REDACTED] and has filed a claim for disorders of the sacrum associated with an industrial injury date of May 16, 2009. Utilization review from September 12, 2013 denied the request for pool therapy due to lack of evidence of extreme obesity or failure of land-based physical therapy and a back brace due to lack of documentation of response to conservative treatment. Treatment to date has included medications. Medical records from 2013 reviewed were mostly handwritten records. The patient complaints of 4/10 back and neck pain after medication; without medication it is at 7/10. The physical exam note was largely illegible secondary to handwriting and reproduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY 2X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical

therapy where reduced weight-bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, there was no documentation of prior land-based therapy and/or failure of land-based therapy. The functional status of the patient is also relatively unclear given the sparse documentation. There is no indication that the patient is extremely obese or cannot weight-bear properly. It is unclear why land-based PT would be insufficient. Therefore, the request for pool therapy 2 x 3 is not medically necessary.

BACK BRACE PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As stated on page 301 of the California MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. In this case, the patient complaints of back pain however, it is unclear whether the patient suffered an acute exacerbation. The physical exam for the back was not clear and did not indicate any acute findings. Therefore, a request for a back brace purchase is not medically necessary.