

Case Number:	CM13-0031047		
Date Assigned:	12/04/2013	Date of Injury:	08/08/2006
Decision Date:	02/18/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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.

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 female patient with a date of injury of August 8, 2006. A utilization review determination dated September 17, 2013 recommends noncertification of physical therapy 12 sessions and noncertification of aquatic therapy 8 sessions. A progress report dated August 8, 2013 identifies subjective complaints of 9/10 pain in the back and neck as well as into the waist. The notes indicate that the patient saw a chiropractor for 8 visits which did not resolve her pain. Physical examination identifies restricted lumbar flexion and extension, and normal neurologic examination. Impression states knee pain, lumbar pain consistent with discogenic and facetogenic pain, possible lumbar radiculopathy, possible Pes Anserine bursitis, and cervical radiculopathy versus carpal tunnel syndrome. The treatment plan states, "she should lose some weight, and keep going on her exercises. It would be good if we can get authorization for the aquatic therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT) Consult + 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional treatment goals which are to be addressed with the currently requested physical therapy. Additionally, it appears the requesting physician is hoping that therapy will help her lose some weight. Weight loss is much better achieved with the diet modification than with exercise, especially in a patient with chronic pain. Finally, it is unclear whether the patient has undergone physical therapy previously. The patient's date of injury is nearly 8 years ago, and there have been numerous therapy requests over the years. If therapy has been provided previously, there is no documentation of any objective functional improvement as a result of that therapy. In the absence of clarity regarding his issues, the currently requested physical therapy is not medically necessary.

Aquatic Therapy Consult + 8 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation of any objective functional deficits which are intended to be treated with the requested aquatic therapy. Additionally, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical therapy or aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Additionally, it appears requesting physician is hoping that additional therapy will help her lose some weight. Weight loss is much better achieved with the diet modification than with exercise, especially in a patient with chronic pain. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.