

Case Number:	CM13-0031617		
Date Assigned:	12/04/2013	Date of Injury:	01/17/2013
Decision Date:	01/28/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/03/2013

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 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. 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 a 51-year-old male who reported an injury on January 17, 2013. The mechanism of injury was stated to be that the patient was unloading his truck, and the device he was using fell and crushed his right leg. The patient was noted to undergo a tibia/fibula fix. The patient was noted to have a healing fracture of the right tibia status post Split-thickness Skin Graft (STSG). The diagnosis was not provided. Per the clinical documentation, the patient was authorized for 12 sessions of aqua therapy on June 25, 2013. A request was made for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy: Overturned

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

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

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate that the treatment for myalgia and myositis is 9 to 10 visits.

The clinical documentation submitted for review failed to provide that the patient had a necessity for aquatic therapy and failed to provide the rationale for the same. It was noted that the patient had 12 sessions of aquatic therapy. There was a lack of documentation indicating the patient's objective functional response to the therapy to warrant further treatment and rationale for the use of aquatic therapy. There was a lack of documentation indicating the number of sessions being requested. Given the above and the lack of documentation, the request for aquatic therapy is not medically necessary.