

Case Number:	CM13-0033694		
Date Assigned:	12/06/2013	Date of Injury:	12/25/1998
Decision Date:	05/14/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/10/2013

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 & Rehabilitation, has a subspecialty in Pain 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 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 injured worker is a 66 year old male. The injured worker had an original date of injury on 12/25/98. The diagnoses include cervical musculoligamentous strain, history of lumbar fusion, lumbar degenerative disc disease, lumbar facet syndrome, lumbar radiculopathy, and chronic pain. The disputed request includes a request for walk-in shower and aquatic therapy for 6 sessions. The request for walk-in shower was denied by a utilization reviewer who felt that "there is no documentation of what is making fall. No mention whether or not this is a balance issue, a traction issue with the surface of the shower, or an inability to step up and in due to some limitation in the lower extremities." There is further notation that the reviewer did not feel that the motor examination would warrant difficulty in stepping into shower, as there is documented 4 to 5 out of 5 strength in the lower extremities. With regard to the aqua therapy, this was not addressed in the utilization review determination as this document specified that this request was addressed by the claims administrator. The progress notes on June 20, 2013 and July 18, 2013 both mention in the treatment section to continue aquatic therapy. However, there is no specific documentation of functional improvement or how many sessions have been attended. There is the statement only the patient "has experienced moderate relief of his symptoms."

IMR ISSUES, DECISIONS AND RATIONALES

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

WALK-IN SHOWER FOR HOME: Upheld

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.

Decision rationale: The Physician Reviewer's decision rationale: The California Medical Treatment and Utilization Schedule do not specifically address walk-in showers. However, as per section Â§ 9792.21 of the Medical Treatment Utilization Schedule, "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10. Â§ 9792.25." For the case of walk-in showers and walk-in tubs, these are not covered by [REDACTED]. Therefore, the standard of care established by government funded insurance does not include provision for walk-in showers, and this request is recommended for non-certification.

AQUA THERAPY X6: Upheld

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 Aquatherapy Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Medical Guidelines states the following regarding aquatic therapy on page 22: "Recommended as an optional form of exercise therapy, where available, 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)" In the case of this injured worker, there is not sufficient documentation of functional improvement or total number of sessions of aquatic therapy attended to date. This information is crucial in determining whether further visits are recommended. The progress notes on June 20, 2013 and July 18, 2013 both mention in the treatment section to continue aquatic therapy. However, there is no specific documentation of functional improvement or how many sessions have been attended. There is the statement only the patient "has experienced moderate relief of his symptoms." The most recent progress note from date of service 9/4/2013 also does document progress or functional benefit from this therapy. Given this lack of documentation, this request is non-certified.

