

Case Number:	CM13-0046616		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2011
Decision Date:	04/29/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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 underlying date of injury in this case is 02/15/2011. The patient's primary diagnosis is 724.2, or lumbago. On 10/09/2013, the patient was seen by her treating pain physician regarding diffuse neck, low back, and bilateral lower extremities pain with the diagnoses of cervicgia, lumbago, and sciatica. The patient was noted to have a flare of symptoms after the patient's initial injury which was due to a fall. The treating physician requested pool therapy two times a week x 3 weeks due to 50% pain relief in the past from similar treatment. This note also stated that there was a request for a functional capacity evaluation for the purpose of starting a workhardening program since the patient was keen on getting back to work in 2 months. An initial Final Determination Letter for IMR Case Number [REDACTED] physician reviewer stated that the rationale for the requested functional capacity evaluation was not clear and that the records did not support the necessity of pool therapy as opposed to independent home rehabilitation. A subsequent office visit on 12/15/2013 noted that the patient was continuing with pool therapy and again noted that the patient was hopeful to get back to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY TWICE A WEEK FOR THREE WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7-Independent Medical Examinations and Consultation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine. Page(s): 22, 99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, Section on Aquatic Therapy, page 22, states that aquatic is available as an option to land-based therapy. Moreover, the Medical Treatment Utilization Schedule, Section on Physical Medicine, page 99, recommends a transition to independent home rehabilitation. In this case, this patient would be anticipated by the guidelines to have previously been instructed in an independent home exercise program. It is unclear at this time why the patient would require aquatic rather than land-based therapy, and it is also unclear why the patient would require additional supervised rather than independent home therapy. It is also unclear if this requested aquatic therapy would be intended to lead to an independent aquatic program. For these multiple reasons, the guidelines and records do not support this request for pool therapy. This request is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web-based edition, <http://www.dir.ca.gov/t8/ch4>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening. Page(s): 125.

Decision rationale: The Medical Treatment Utilization Schedule discusses functional capacity evaluations in the context of work hardening, page 125. These guidelines recommend that a functional capacity evaluation may be indicated if a patient has plateaued in therapy but is not able to return to work and if the patient has a specific proposed job of medium or higher physical demand. These guidelines encourage a functional capacity evaluation to be done in the context of a specific Final Determination Letter for IMR Case Number [REDACTED] proposed job description. In this case, the physical demands of the patient's proposed job are not available, and therefore it is not possible to conclude that a functional capacity evaluation would be indicated based on the treatment guidelines. This request is not medically necessary.