

Case Number:	CM13-0047645		
Date Assigned:	12/27/2013	Date of Injury:	06/14/2000
Decision Date:	03/06/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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 applicant is a represented [REDACTED], Incorporated employee who has filed a claim for quadriplegia reportedly associated with a traumatic motor vehicle accident of June 14, 2000. Thus far, the applicant has been treated with analgesic medications and unspecified amounts of physical and aquatic therapy over the life of the claim. In a utilization review report of November 4, 2013, the claims administrator denied a request for additional aquatic therapy on the grounds that did not appear that functional improvement was being made through prior physical therapy and aquatic therapy. On November 5, 2013, it is stated that the applicant is somewhat better. The applicant is receiving intermittent massage therapy. She is receiving care from home health attendant. She is using Zanaflex for spasticity. She is also receiving speech therapy. She is status post gastric bypass surgery and has been asked to refrain from NSAID usage. Additional physical therapy is sought while Zanaflex and Motrin are renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week, one a week land based and once a week pool based for 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22, 99.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does support provision of aquatic therapy in those individuals such as the applicant who are unable to participate in land-based exercises and/or land-based therapy. In this case, as noted by the previous utilization reviewer, no clear goals for further physical therapy have been outlined. The applicant's response to prior treatment is unknown. The goals for additional treatment, going forward, have not been clearly stated. The 24 sessions of treatment being sought here do, in and of themselves, represent treatment in excess of 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. Physical therapy in this quantity without any clear treatment goals cannot be supported, as suggested in the MTUS-adopted ACOEM Guidelines in Chapter 3. For all of these reasons, then, the request is not certified.