

Case Number:	CM13-0049669		
Date Assigned:	12/27/2013	Date of Injury:	07/06/2011
Decision Date:	05/22/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 Neurological Surgery, 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 claimant is a 73 year old female who sustained an industrial injury on 07/06/2011. The mechanism of injury occurred when she tripped over a step and fell onto her left side. Her diagnoses include a spinal cord injury, status post cervical laminectomy and fusion, left shoulder syndrome, and chronic neck, shoulder, and low back pain. She had been admitted to an assisted living facility. The records reflect multiple sessions of physical therapy have been completed. Lower extremity venous flow studies were completed. A complete neurologic was completed in January, 2013 which demonstrated she could tolerate 20 feet walking with a front wheeled walker and standing tolerance was 30 minutes with a front wheeled walker. Strength testing was 4+ with hip flexion, knee flexion and ankle dorsiflexion, and 5/5 with knee extension. The narrative indicated that there was adequate benefit from the previous therapies offered. The treating provider has requested additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004),
CHRONIC PAIN, Page 22.

Decision rationale: When noting the date of injury, mechanism of injury, demographics of the injured employee tempered by the parameters outlined in the MTUS, aquatic therapy can be alternative to land-based therapy. However, when considering the number of visits already completed and the current physical examination reported, there is insufficient data to suggest that additional formal physical therapy is required at this time. A simple self-directed protocol is all that would be supported. Medical necessity for the requested service has not been established. the requested service is not medically necessary.