

Case Number:	CM13-0054804		
Date Assigned:	12/30/2013	Date of Injury:	10/13/2004
Decision Date:	03/20/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/19/2013

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 Texas. 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 44-year-old male who reported an injury on 4/16/10. The mechanism of injury was the patient falling 14 feet into an elevator shaft, landing on his feet. The patient sustained compression fractures of the T5, T6 and T7, as well as an avulsion fracture of the right medial epicondyle. The patient underwent multiple surgeries, including surgery to the right ankle, right biceps, right elbow, and left shoulder. He also underwent carpal tunnel release, and bilateral trigger finger releases. A pain medicine evaluation dated 11/8/13 indicated that additional physical therapy 1-2 times per week for four weeks was being requested for the lumbar spine, and right knee. The patient's diagnosis was sprains/strains of the thoracic region.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 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 9-10 visits; for neuralgia, neuritis, and radiculitis, it is 8-10 visits. The clinical documentation submitted for review failed to provide an accompanying objective physical examination for the submitted request for aquatic therapy. There was a lack of documentation indicating that the patient had a necessity for reduced weight-bearing. Additionally, there was a lack of documentation indicating functional deficits that would support ongoing therapy. The request as submitted did not identify the body part being requested for treatment. Given the above, the request for 12 aquatic therapy sessions is not medically necessary.