

Case Number:	CM13-0055766		
Date Assigned:	12/30/2013	Date of Injury:	06/14/2000
Decision Date:	03/31/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 52-year-old female who reported an injury on 06/14/2000. The mechanism of injury was not specifically stated. The patient is currently diagnosed as status post head trauma with quadriparesis, right lower extremity DVT (Deep Venous Thrombosis), status post multiple fractures, status post release of contractures of the upper and lower extremities, status post right elbow surgery, right carpal tunnel syndrome, and status post gastric bypass surgery. The patient was seen by [REDACTED] on 08/30/2013. The patient has been attending physical therapy twice per week. Physical examination was not provided. Treatment recommendations included authorization for 24 sessions of physical therapy, 12 sessions of land-based therapy, and 12 sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy once a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in an extensive amount of physical therapy. However, documentation of objective measurable improvement was not provided. There was no physical examination provided on the requesting date of 08/30/2013. In addition, the current request for 12 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received, the request for physical therapy once a week for 12 weeks is not medically necessary and appropriate.

aquatic therapy once a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. As per the documentation submitted, the patient has previously participated in an extensive amount of aquatic therapy. However, documentation of objective measurable improvement was not provided. Additionally, the current request for 12 sessions of aquatic therapy exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request for aquatic therapy once a week for 12 weeks is not medically necessary and appropriate.