

Case Number:	CM13-0055795		
Date Assigned:	12/30/2013	Date of Injury:	02/14/2012
Decision Date:	04/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Practice, 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 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 injured worker is a 56-year-old male who reported an injury on 02/14/2012. The mechanism of injury involved heavy lifting. The injured worker is currently diagnosed with obesity and fatigue. The injured worker was seen by [REDACTED] on 10/15/2013. Physical examination revealed normal findings. Treatment recommendations included a [REDACTED] program for 3 months as well as aquatic therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 12 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical medicine Page(s): 22,98-99.

Decision rationale: The MTUS Chronic Pain 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, there is no evidence of a musculoskeletal or neurological deficit. There is no indication that this injured worker requires reduced weight bearing as opposed to land-based physical therapy. Additionally, the MTUS Chronic Pain

Guidelines state physical medicine treatment for myalgia and myositis unspecified includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of aquatic therapy exceeds the MTUS Chronic Pain Guidelines' recommendations. As such, the request is not medically necessary and appropriate.

██████████ TIMES THREE MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management.

Decision rationale: The MTUS Chronic Pain Guidelines state functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from an acute and/or chronic medical condition. The principles of functional restoration apply to all conditions in general, and are not limited to injuries or pain. As per the documentation submitted, there is no indication that this injured worker has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. It is noted that the injured worker is attempting to lose weight with medication and lifestyle modifications including a healthy diet and exercise. The medical necessity for the requested service has not been established. Therefore, the request is not medically necessary and appropriate.