

Case Number:	CM13-0058169		
Date Assigned:	12/30/2013	Date of Injury:	02/27/1995
Decision Date:	04/30/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/26/2013

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 Internal Medicine, has a subspecialty in Family Practice and is licensed to practice in New York. 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 54 year old man with a date of injury of 2/27/95 . He was seen by his physician on 10/28/13 with complaints of two kinds of pain in his right leg. One involved the scar and the other involved his back with radiating posterior leg numbness. His prior epidural injections relieved his back pain but not scar pain. He was using a Duragesic patch which reduced his pain to as low as 4/10. His physical exam showed lumbar flexion to 80 degrees and extension to 10 degrees with pain. Straining leg pain was positive on the right. His reflexes were 1+ and he had full strength in his iliopsoas, quadriceps, tibialis anterior and toe flexors and extensors. A 6 month independent pool program was requested as was 12 session of land based physical therapy to restore range of motion and strength. These are at issue in this review. Prior records indicate he has participated in pool therapy and land based physical therapy in the past year.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month independent pool program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,46,47.

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

Decision rationale: Aqua therapy is in question for this injured worker for her left knee and lumbar spine. Per the MTUS, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, the records do not justify why aqua therapy is again indicated given prior pool and land based therapy and the aqua therapy is therefore not medically indicated.

12 sessions of land-based physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12, 23.

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

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. His physical exam documents normal strength and the physical therapy was ordered to increase his strength. The records do not support the medical necessity for an additional 12 land based physical therapy visits in this individual with chronic pain.