MAXIMUS Federal Services

Case Number:	CM13-0065092		
Date Assigned:	01/03/2014	Date of Injury:	04/18/2011
Decision Date:	05/19/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine and Rehabilitation and has a subspecialty in Interventional Spine 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 patient is a 47 year old male with date of injury of 4/18/11. The treating physician report dated 9/9/13 indicates that the patient presents with headache, neck pain, right arm pain, back and leg pain. He has tremors intermittently involving his right arm and leg and subjective dysphagia. There is no diagnosis listed in the reports reviewed. The utilization review report dated Â¬Â¬Â¬Â¬Â¬11/15/13 denied the request for Aquatic Therapy 2x4 cervical spine and Physical Therapy 2x4 based on lack of documentation to support the request

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2XWK X4WKS CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines AQUATIC THERAPY. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT IN WORKER'S COMPENSATION, ONLINE EDITION, CHAPTER ON NECK AND UPPER BACK, PHYSICAL THERAPY GUIDELINES

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

Decision rationale: The patient presents with chronic pain affecting the neck and back. The current request is for Aquatic Therapy 2x4. The treating physician report dated 9/9/13 indicates the patient has positive straight leg raise on the right and documented dysphagia following a modified barium swallow study. The treating physician also states in this very brief report, "It is my opinion that his dysphagia swallowing difficulty is not related to his workers' comp injuries involving his neck for dysphagia which is muscular in nature as described above." There are no treatment recommendations provided in the 9/9/13 report. Review of the 10/24/13 report states, "I failed to mention in my last correspondence of September 9, 2013 that [redacted] will continue to benefit from water therapy as well as land based therapy." No other information was provided in the 10/24/13 report to indicate frequency or duration of care. The MTUS guidelines allow 8-10 therapy visits. When reading ODG guidelines for additional discussion, 6 initial therapy visits and up to 10-12 sessions are recommended with improvement. In this case, there is a request for 8 sessions. There is no documentation provided to determine how many previous sessions the patient has received or the response to the treatments performed. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. Recommendation is for denial.

PHYSICAL THERAPY 2XWKX4WKS CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines PHYSICAL MEDICINE. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT IN WORKER'S COMPENSATION, ONLINE EDITION, CHAPTER ON NECK AND UPPER BACK, PHYSICAL THERAPY GUIDELINES

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

Decision rationale: The patient presents with chronic pain affecting the neck and back. The current request is for Physical Therapy 2x4 to the cervical spine. The treating physician's report dated 9/9/13 indicates the patient has positive straight leg raise on the right and documented dysphagia following a modified barium swallow study. The treating physician also states in this report, "It is my opinion that his dysphagia swallowing difficulty is not related to his workers' comp injuries involving his neck for dysphagia which is muscular in nature as described above." There are no treatment recommendations provided in the 9/9/13 report. Review of the 10/24/13 report states, "I failed to mention in my last correspondence of September 9, 2013 that [redacted] will continue to benefit from water therapy as well as land based therapy." No other information was provided in the 10/24/13 report to indicate frequency or duration of care. The MTUS guidelines allow 8-10 therapy visits. There is no documentation provided to determine how many previous sessions the patient has received or the response to the treatments performed. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. Recommendation is for denial.