

<b>Case Number:</b>	CM13-0070713		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/05/1998
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois. 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 49-year-old female who reported an injury on 08/05/1998. The mechanism of injury was not specifically stated. A Request for Authorization was submitted on 11/22/2013 by [REDACTED] for physical therapy 3x4 and pool therapy 3x4. However, the latest physician progress report submitted for this review by [REDACTED] is dated 09/10/2013. A review of medical records was conducted at that time. The patient reported activity limitation. It is noted that aquatic therapy has been beneficial in the past. Physical examination was not provided on that date. Treatment recommendations included a formal Functional Capacity Evaluation, as well as vascular Doppler studies to bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times 4:** Upheld

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

**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. For treatment of myalgia and myositis, guidelines allow for 9 to 10 visits over 8 weeks. There was no physician progress report submitted on the requesting date of 11/22/2013. Therefore, there is no evidence of a physical examination, indicative of a musculoskeletal or neurological deficit. Additionally, the current request does not include the specific location of the body that will be addressed during formal physical therapy. The current request also exceeds guideline recommendation for a total duration of treatment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified

**Pool therapy 3 times 4:** 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.

**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. There was no physician progress report submitted on the requesting date of 11/22/2013. Therefore, there is no evidence of a physical examination, indicative of a musculoskeletal or neurological deficit. There is no indication that this patient requires reduced weight bearing, as opposed to land-based physical therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.