

Case Number:	CM13-0071589		
Date Assigned:	01/08/2014	Date of Injury:	07/29/2009
Decision Date:	05/07/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/27/2013

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 Orthopedic surgery and is licensed to practice in Pennsylvania. 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:

This claimant is a 45-year-old female injured in a work-related accident July 29, 2009. She was noted to have multiple body injuries most specific to the neck and low back. Recent clinical assessments for review included a September 16, 2013 follow-up assessment by [REDACTED] indicating continued complaints of pain about the neck and low back with radiating upper and lower extremity complaints. It states difficulty with activities of daily living. Physical examination to the cervical spine showed tenderness over the paravertebral musculature with diminished range of motion and positive impingement signs noted to the right shoulder. The low back was with paravertebral tenderness and restricted motion as well. No documented neurologic deficit was noted to the lower extremities. The claimant was diagnosed with brachial neuritis, lumbosacral radiculitis, and a sprain to the shoulder. Conservative treatment at that time was recommended in the form of 12 additional sessions of aquatic therapy as well as a weight loss program for overall generalized well being. Clinical imaging or other forms of conservative treatment are not recently documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Chronic Pain Guidelines would not support the role of continued aquatic therapy. The records at present would not indicate why this claimant would be unable to perform land-based home exercises given her current working diagnosis and physical examination findings. The Chronic Pain Guidelines would also not support the role of 12 sessions of therapy in the chronic setting as guideline criteria would only recommend the role of sporadic use of nine to 10 sessions in the chronic setting for acute symptomatic flare. The specific request in this case would not be indicated.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5-Treatment of Obesity.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The Expert Reviewer's decision rationale: Based on California ACOEM Guidelines, a weight loss program also would not be indicated. The records do not indicate the claimant's current diagnosis of morbid obesity is a direct result of her work-related accident. There is nothing indicating prior self-driven mediated weight reduction strategies or plans. The role of weight loss and generalized health and well being would be personal risk factors independent of the claimant's current work-related injury. The specific request for a structured "program" would not be indicated.