

Case Number:	CM14-0007482		
Date Assigned:	02/07/2014	Date of Injury:	04/06/2010
Decision Date:	06/12/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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. 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 injured worker is a 51-year-old male with a reported date of injury on 04/06/2010. The mechanism of injury occurred 04/06/2010 when the injured worker was rear-ended in a motor vehicle accident. The injured worker sustained injury to his lower back and his hips. The injured worker continues to report no change in low back pain. The injured worker continues to note marked hip pain and gait disturbances from the hip. The injured worker notes that with pain medication he rates his current pain levels at 3-5/10 rising to 7/10 with activities. Without the pain medication, he would rate the pain at 7-9/10 with activities. The injured worker states that without the medications he would not be able to perform the rehabilitation exercises. The injured worker also had a complex right ankle surgery 2004. He also has cervical and thoracic injury, for which he still is treated by chiropractor. He denies any other significant medical or surgical problems at the time of the exam on 01/14/2014. The injured worker is 282 pounds, 72 inches tall and body mass index (BMI) is 38.3. The injured worker takes ibuprofen and Norco. The injured worker had diagnoses of osteoarthritis localized primary involving pelvic region, lumbago, spondylosis with myelopathy lumbar region, displacement of lumbar intervertebral disc without myelopathy. The injured worker's treatment plans include medication which continues to give him significant functional benefit from the medications. The injured worker continues to await his hip surgery appointment. The request for authorization was not viewed in clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEEP WATER THERAPY TIMES 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Aquatic Therapy and Section Physical Medicine Page(s): 22,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Physical medicine treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Aquatic Therapy Page(s): 22 & 98.

Decision rationale: The CA MTUS guidelines recommend physical therapy for neuralgia, neuritis, and radiculitis be limited to 8-10 visits over 4 weeks. In addition, there overall goal of physical therapy is to restore functional deficits. Moreover, 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. The injured worker stated that with the medication he can tolerated his therapy and the clinical documentations do not state the efficacy of his therapy the injured worker did not have a properly documented functional deficit or a rationale that suggested land based therapy was not recommended. In addition, the request for 12 sessions exceeds the guideline recommendation for total duration of care. Therefore, the request is non-certified.