

Case Number:	CM14-0100059		
Date Assigned:	07/28/2014	Date of Injury:	03/06/2014
Decision Date:	09/09/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/30/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 37 year old male was reportedly injured on March 6, 2014. The mechanism of injury is noted as motor vehicle accident. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated lumbar spine antalgic gait, normal tone muscle strength, and positive low back pain. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medication, chiropractic therapy, transcutaneous electrical nerve stimulation (TENS) unit, and water therapy. A request was made for physical therapy two times a week for four weeks quantity of eight sessions, aquatic therapy two times a week for four weeks quantity of eight sessions, and was not certified in the preauthorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of ten visits. The claimant has complaints of low back pain and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent previous sessions of physical therapy. Therefore, the request for additional physical therapy, twice weekly for four weeks, is not medically necessary or appropriate.

Aquatic therapy, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) supports aquatic therapy as an alternative to land based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records, fails to document why the claimant is unable to participate in land based physical therapy. As such, the request for aquatic therapy, twice weekly for four weeks, is not medically necessary or appropriate.