

<b>Case Number:</b>	CM14-0016132		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Internal Medicine 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 39 year old female whose date of injury is 11/06/2012. She was a pedestrian hit by a car which resulted in a concussion, trauma and pain to the left shoulder, fractured ribs, fractured nose and injury to the left knee. Note dated 12/04/13 indicates that the injured worker has completed 18 physical therapy visits since the date of injury. Note dated 12/09/13 indicates that the injured worker is not taking any medications. Diagnoses are cervical, thoracic and lumbar degenerative changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONTINUED AQUA/PHYSICAL THERAPY (CERVICAL/SHOULDER) (8 SESSIONS):**

Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for continued aqua/physical therapy is not recommended as medically necessary. The injured worker has completed at least 18 therapy visits to date to include aquatic therapy. CA MTUS guidelines

would support aquatic therapy when there is a desire for reduced weightbearing. There is no current, detailed physical examination submitted for review and no clear rationale is provided as to why reduced weightbearing is desired at this time. CA MTUS guidelines would support 1-2 visits of physical therapy every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There are no specific, time-limited treatment goals provided. Therefore, the request is not medically appropriate.