

Case Number:	CM14-0111784		
Date Assigned:	08/01/2014	Date of Injury:	03/30/2012
Decision Date:	09/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

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 and Washington. 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 47-year-old male who reported an injury on 03/30/2012 due to a piece of heavy construction material hitting him and striking him in the back. The injured worker had a history of left sided pain with spasms to the lower extremity, pain to the right knee, and cervical pain. The injured worker had a diagnosis of traumatic brain injury with Post-concussion syndrome, including ongoing memory issues, mood disorder, incomplete spinal cord injury with tetraparesis, C2 non-displaced fracture to the spinal cord, and myoclonus, spasticity, and meniscal tear of the left knee with repair. The MRI of dated 02/21/2014, of the right knee showed a medial meniscal tear. Prior treatment included outpatient physical therapy with pool therapy, use of heat wave, and roller walker. The neurological examination dated 06/27/2014, revealed the motor sensory with mixed sensory symptoms not necessary brown squatum pattern, weakness noted on the left with hypertonicity, hyperreflexia, crossed stretched reflex, adductor reflexes crossed that indicated hypertoxicity, non-sustained clonus to the left ankle, none noted to the upper right motor neuron pinprick and light touch impaired hypertonicity and spasticity noted. A hemiballistic type uncontrolled motor movement., The medications include ProMax Viagra, Viagra, dantrolene, Norco, Robaxin, baclofen, Limbrel, Cymbalta, mexiletine, Prilosec, clonazepam, and Gralise. The treatment plan included power scooter for community mobility, neurological consult, and physical therapy to include pool therapy. The rationale for the physical therapy with pool therapy was for decrease the pain. The Request for Authorization dated 07/16/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Include Pool Therapy - Unspecified duration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Aquatic Therapy Page(s): 99, 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): page 98-99.

Decision rationale: The California MTUS indicate that passive therapy that can provide a short-term relief during the early phases of pain treatment, and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing of soft tissue injuries. They can be used sparingly with active therapies to help control the swelling, the pain, and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activities are beneficial for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Active range of motion requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, or tactical instructions. The injured worker is instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvements levels. The home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in chronic regional pain syndrome. The physical medicine guidelines indicate myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. Per the documentation provided, there was not enough documentation provided for the reviewer to make a determination if this was in the early phases of pain treatment. Per the documentation provided the injured worker has had physical therapy, however the documentation was not clear as to how many visits or the amount of therapeutic effect the injured worker had benefited from the therapy. The request did not address the duration of visits. As, such the request for Physical Therapy to Include Pool Therapy is not medically necessary.