

Case Number:	CM14-0157173		
Date Assigned:	09/30/2014	Date of Injury:	05/17/1999
Decision Date:	11/06/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 underlying date of injury in this case is 05/17/1999. The date of the utilization review under appeal is 09/20/2014. The patient's treating diagnoses include a history of myocardial infarction, obesity, obstructive sleep apnea, and diabetes. On 09/12/2014, the patient's treating physician wrote a narrative letter stating that the patient has a history of coronary artery disease, sleep apnea, obesity, and hypertension. The treating cardiology physician opines that it is highly recommended the patient participate in aquatic exercise to reduce her risk of recurring myocardial infarction and to show blood pressure, weight, and diabetes. This physician notes that long-term exercise will be essential.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, 3 times a week for 1 year, QTY: 156: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 89.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 89, recommends transition to active

self-directed home physical medicine. The treating physician emphasizes the importance of long-term exercise, and this is consistent with the treatment guidelines. However, the medical records do not provide a rationale as to why the patient would require supervised as opposed to independent rehabilitation, particularly for an extended period of time such as year of supervised exercise requested at this time. This request is not supported by the treatment guidelines. Overall, this request is not medically necessary.