

<b>Case Number:</b>	CM14-0166324		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 1/17/2012. The date of utilization review under appeal is 10/8/2014. On 9/23/2014, the patient was seen in physical rehabilitation followup with significant low back pain radiating into the lower extremities as well as significant neck pain and shoulder pain. The patient reported she had 4 sessions of aquatic therapy remaining in authorization, but had discontinued due to an episode of pericarditis and was recently cleared to return back to aquatic therapy. The treating physician requested 8 additional sessions of aquatic therapy since the patient's prior therapy was disrupted by a medical complication and she was making good progress. Percocet was also refilled. The initial physician review concluded that there is no indication this patient required aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional aquatic therapy Quantity: 8:** Overturned

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on aquatic therapy states that this is a recommended form of exercise therapy where available. The medical records clearly indicate that the patient had a medical complication which interrupted aquatic therapy. This is valid rationale to extend aquatic therapy as requested. This request is medically necessary.

**Percocet 5/325mg (DND until 10/23/14) Quantity: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management discusses at length the four A's of opioid management. The medical records in this case do not document these four A's of opioid management. It is not clear what functional benefit or other rationale or indication would support the request for Percocet. This request is not medically necessary.