MAXIMUS Federal Services

Case Number:	CM14-0023214		
Date Assigned:	06/04/2014	Date of Injury:	12/09/2005
Decision Date:	07/11/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/25/2014

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 Family Medicine, and is licensed to practice in Tennessee, California, and Florida. 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 46-year-old female injured in December 2009, sustaining cumulative injuries to her neck and low back after performing her usual and customary duties required by her job as a supervisor for [redacted]. The injured worker developed panic attacks, insomnia and nightmares. In April of 2006, she was placed on disability by her primary treating physician. Two days following being placed on disability, she was terminated for insubordination. She was referred for psychotherapy and psychopharmacological treatment. There was no information provided in the records submitted for review that would indicate any type of trauma. Physical examination noted by fibro tender points (16/18) were noted on fibromyalgia exam. The injured worker has completed an unspecified amount of physical therapy visits to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 AQUA THERAPY SESSIONS: Upheld

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

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

Decision rationale: The previous request was denied on the basis that participation in physical therapy from 2009-2013, if any, including functional response was not documented. The records indicate that the injured worker has completed an unspecified amount of physical therapy visits to date. The California Medical Treatment Utilization Schedule recommends 9-10 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency, from up to three visits per week to one or less, plus active self-directed physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of aquatic therapy visits. As such, the request is not medically necessary.