

Case Number:	CM14-0036464		
Date Assigned:	06/25/2014	Date of Injury:	04/23/2009
Decision Date:	08/12/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/25/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 46 year old with a work injury dated 4/23/09. The diagnoses include brain injury, myelopathy vs. brain injury, herniated nucleus pulposus of the cervical spine and lumbar spine, anterolisthesis grade 1 of the L5-S1 spine, facet arthropathy of the lumbar spine, memory problems, bilateral shoulder impingement, degenerative joint disease in the right hip, left knee arthralgia, bilateral L5 pars fracture. Under consideration is a request for additional pool therapy for the back-quantity 8. There is a primary treating physician (PR-2) document dated 2/7/14 that states that the patient presents for follow up of neck and back pain which he currently rates at 9/10. He does report some increased pain in his left shoulder and right knee. He is attending the [REDACTED] weekly for his history of traumatic brain injury in 2009. He is status post 8 visits for pool therapy which provided him which 30% relief. He is doing home exercise and walks his dog for 20 minutes without pain. On exam his gait is antalgic with a walker. He has palpation to tenderness in the lumbar regions bilaterally. The range of motion in the cervical and lumbar spine is limited by pain. He has pain with lumbar extension. He has palpation tenderness in the lower lumbar facet regions bilaterally. There is decreased sensation lower lumbar face regions bilaterally. There is decreased sensation in the L4 and L5 dermatomes on the right. The tibialis anterior and extensor hallucis longus are 5-/5 bilaterally and hamstring 5-/5 on the left. There is hyperreflexia and bilateral lower extremity reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additonal pool therapy for the back QTY:8: Upheld

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

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

Decision rationale: Additonal pool therapy for the back QTY:8 is not medically necessary per the MTUS guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had 8 visits. The request for an additional 8 would exceed guideline recommendations. Furthermore the documentation does not indicate intolerance to land based therapy. The patient should be transitioning to a self directed home exercise program. Additonal pool therapy for the back QTY:8 is not medically necessary.