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| Case Number: | CM14-0037665 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 06/30/2009 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 03/19/2014 |
| Priority: | Standard | Application Received: | 03/28/2014 |

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 injured worker is a 64-year-old male who reported injury on 06/30/2009. The mechanism of injury was noted to be the injured worker was stepping up from the rear of a package car to a customer's dock, and his foot slipped and the injured worker fell. Prior therapy included medication management, formal physical therapy, a lumbar epidural steroid injection, and activity modifications. The injured worker underwent a Lisfranc injury to the left foot with a fusion and hardware removal. The injured worker underwent a left fibular fracture with an open reduction and internal fixation. The documentation of 01/27/2014 revealed a request for aqua therapy. There was no PR-2 submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy/exercises # 12 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 22 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, page 22, Physical Medicine, page 98, 99 Page(s): 22; page 98, 99.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise that is specifically recommended where reduced weight-bearing is desirable.

The guidelines indicate the treatment for myalgia and myositis is 9 visits to 10 visits, and for neuralgia, neuritis, and radiculitis, it is 8 visits to 10 visits. The request exceeds guideline recommendations. There was a lack of documentation indicating the injured worker had a necessity for reduced weight-bearing. Given the above, the request for Aquatic Therapy/exercises # 12 for the lumbar spine is not medically necessary.