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| Case Number: | CM14-0039378 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 04/22/2000 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 03/05/2014 |
| Priority: | Standard | Application Received: | 04/03/2014 |

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 Pain Management 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:

This is a patient with a date of injury of 4/22/00. A utilization review determination dated 3/5/14 recommends non-certification of physical therapy (PT) and water therapy. A 3/26/14 medical report identifies left low extremity and buttock discomfort, and progressive weakness as day goes on. On exam, weak [illegible] left, [illegible] gait on the left. The treatment plan included redo microdecompression, release of epidural fibrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) physical therapy sessions, two (2) times a week for eight (8) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Guidelines indicate that "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, the patient has a longstanding injury, but there is no documentation of specific objective functional improvement with any previous sessions and deficits that cannot be addressed within the context of an

independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the guidelines support only up to ten (10) physical therapy (PT) sessions for this injury and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy two (2) times a week for eight (8) weeks is not medically necessary.

Sixteen (16) water therapy sessions two (2) times a week for eight (8) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment, and it is noted that concurrent land-based therapy was also requested. Furthermore, the guidelines support only up to ten (10) sessions for this injury. In light of the above issues, the currently requested water therapy two (2) times a week for eight (8) weeks is not medically necessary.