

Case Number:	CM14-0040127		
Date Assigned:	06/27/2014	Date of Injury:	06/13/2010
Decision Date:	08/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/05/2014

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 Nevada. 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:

California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis.. The claimant has chronic complaints of low back pain with date of injury 2010. After review of the available medical records, there is no physical exam findings documenting the injured worker's current functional status. Therefore, the request for physical therapy lumbar spine twice a week for six weeks is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit [REDACTED] Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental medicine (ACOEM), Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The guidelines referenced above support referral to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the

plan or course of care may benefit from additional expertise. Review of the available medical records, documents the practitioner's recommendation of follow-up, but fails to document any red flags or neurological deficits to warrant consultation. Also noted the injured worker did have an electromyogram/nerve conduction study of the right lower extremity which revealed a normal study. As previously documented nonsurgical interventions are recommended. As such, the request for follow up visit [REDACTED] is not medically necessary and appropriate.

Physical Therapy Lumbar spine, twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 98, 99.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis.. The claimant has chronic complaints of low back pain with date of injury 2010. After review of the available medical records, there is no physical exam findings documenting the injured worker's current functional status. Therefore, the request for physical therapy lumbar spine twice a week for six weeks is not medically necessary and appropriate.

Aquatic therapy twice a week for six 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Based on the medical records provided for review, there is no documented condition that prohibits the injured worker from participating in a land based physical therapy program. Therefore, due to the lack of sufficient information, the request for aquatic therapy twice a week for six weeks is not medically necessary and appropriate.