

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0040712 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 09/22/2013 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 03/07/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 Interventional Spine 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 patient is a 40-year-old male with an injury date of 09/22/2013. The listed diagnoses per [REDACTED] dated 05/20/2014 are: Fractured acetabulum-clos; Trigger finger; Low back syndrome; Lumbar/lumbosacral disk degeneration; Hip arthralgia; Hand arthralgia; Status post open reduction and internal fixation of left acetabular fracture from 09/22/2013. According to the only report provided for review, the patient has no right hand complaints at this time and left hip symptoms have also improved. He has occasional left hip stiffness. Low back pain has increased and radiates into the lower extremities. The patient notes severe leg cramping. His current list of medications include: Cyclobenzaprine, Vicodin, and Voltaren gel. The physical exam shows the patient ambulates with the cane. Examination of the hands shows no swelling. There is diffuse paravertebral tenderness with spasm in the lumbar spine. Straight leg raising with patient sitting is negative bilaterally. There is tenderness of the left greater trochanter with negative FABER's and FADIRE tests. Sensation is intact in the upper and lower extremities. The utilization review denied the request on 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of aquatic therapy 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 22 on aquatic therapy Page(s): 22, 98-99.

Decision rationale: This patient presents with low back pain and hand pain. The patient is status post open reduction and internal fixation of left acetabular fracture from 09/22/2013. The treater is requesting 8 sessions of aquatic therapy 2 times a week for 4 weeks. The MTUS Chronic Pain Guidelines recommends aquatic therapy as an option for land-based physical therapy in patients that can benefit from decreased weight bearing such patients with extreme obesity. For the number of treatments, the MTUS Chronic Pain Guidelines states 8 to 10 sessions of physical therapy are indicated for various myalgias and neuralgias. None of the medical records provided for review show any recent or prior aquatic therapy reports to verify the number of treatments and with what results were accomplished. There is also no documentation as to why reduced weight-bearing is necessary during therapy for this patient. As such, the request is not medically necessary and appropriate.

8 Sessions of hand therapy 2 times week for 4 weeks for hip/pelvis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post surgical rehabilitation Page(s): 22.

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

Decision rationale: The MTUS Chronic Pain Guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The medical records provided for review do not show any recent or prior physical therapy reports to verify how many treatments and with what results were accomplished. The only progress report provided dated 05/05/2014 notes that the patient continues to have left hip stiffness with tenderness in the left greater trochanter area. The utilization review notes that the patient completed 16 physical therapy visits following hip surgery. In this case, the patient appears to have had some 16 post-surgical therapy sessions with reports of continued stiffness and tenderness in the hip. The treater is asking for 8 additional sessions and given that the patient is outside post-op guidelines, the request appears reasonable. The request is medically necessary and appropriate.