

Case Number:	CM14-0067059		
Date Assigned:	07/11/2014	Date of Injury:	09/21/1998
Decision Date:	09/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 57 year old male who sustained an injury to his heart on 09/21/98 due to stress at work. The addenda to the progress note dated 01/30/14 was dated 03/28/14, reported that the injured worker was benefitting from pool therapy/exercises for his cardiovascular health. His hypertension/cardiovascular health were very well controlled on his current medication regimen including Norvasc (amlodipine), Diazide, Benazepril, and Crestor. He was to remain on these medications. Request for authorization dated 03/28/14 requested additional pool therapy exercises for cardiovascular health. There was no additional clinical documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pool therapy three times a week for four weeks for the heart: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Previous request was denied on the basis that there was no explicit clinical documentation of decreased blood pressure, decreased heart rate, or reduced medication usage

secondary to treatment. The provider noted that the injured worker is stable on his current medication regimen. Furthermore, there was no documentation of the amount of therapy sessions completed to date. Based on this, the request could not be deemed as medically appropriate. The California Medical Treatment Utilization Schedule (MTUS) states that 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. No information was submitted indicating a comorbidity that would inhibit the injured worker from participating in traditional land based physical therapy. There was no additional significant objective clinical information provided that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of aquatic therapy visits. Given this, the request for outpatient pool therapy three times a week times four weeks for the heart is not indicated as medically necessary.