

Case Number:	CM14-0071890		
Date Assigned:	07/16/2014	Date of Injury:	04/05/2011
Decision Date:	08/14/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/19/2014

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 49 years old male with an injury date on 04/05/2011. Based on the 02/17/2014 progress report provided by [REDACTED], the diagnoses are: 1. Major depression, single episode, severe. 2. Pain disorder associated with both psychological factors and a general medical condition. According to this report, the patient complains of chronic low back and hip pain. The patient's weight has increased from 200 lbs. to 238 lbs. In the 11/23/2013 to 02/17/2014 reports, the exam findings were not provided. There were no other significant findings noted on this report. The utilization review denied the request on 04/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/23/2013 to 02/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 times week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Aquatic Therapy; Chronic Pain Medical Treatment Guidelines - Physical Therapy Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back (updated 03/31/2014) - Physical Therapy.

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

Decision rationale: According to the 02/17/2014 report by [REDACTED] this patient presents with chronic low back and hip pain. The treating physician is requesting aquatic therapy 3 times a week for 4 weeks but the treating physician's report and request for authorization containing the request are not included in the file. Regarding aquatic therapy, MTUS guidelines recommend as an option for land-based PT in patients that could benefit from decreased weight-bearing. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of the reports from 11/23/2013 to 02/17/2014 shows no therapy reports and no discussion regarding the patient's progress. In this case, the treating physician does not discuss why weight reduced exercise would benefit this patient, and no documentation regarding extreme obesity. There is no discussion as to what is to be accomplished with additional therapy. Given no recent therapy history, a short course of therapy may be reasonable to address flare-up's or change in clinical presentation. However, the requested 12 sessions exceed what is allowed per MTUS. Given the above the request is not medically necessary.