

Case Number:	CM14-0074368		
Date Assigned:	07/16/2014	Date of Injury:	03/09/2009
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/22/2014

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 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 underlying date of injury in this case is 03/09/2009. The treating diagnoses include lumbar degenerative disc disease, lumbar facet osteoarthritis, lumbar radiculopathy, failed lumbar surgery syndrome, and a failed cervical surgery syndrome. On 04/23/2014, the patient was seen in treating physician followup. The notes indicate that the patient did not wish repeat injections for which to try physical therapy with aqua therapy again as this had decreased her pain by 50% in the past and had restored activity tolerance and strength. The patient also requested pain medication. The treating physician recommended physical therapy with aquatic therapy for 8 visits to develop a self-directed exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy with aquatherapy x8 lumbar/cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends transition to an

independent active home rehabilitation program. This patient would be expected to have previously transitioned to such a program given the chronicity of this injury. The medical records do not clarify why additional supervised therapy would be indicated or why 8 visits would be needed to review a prior home exercise program. This request is not supported by the guidelines. This request is not medically necessary.