MAXIMUS Federal Services

Case Number:	CM14-0083470		
Date Assigned:	07/21/2014	Date of Injury:	11/12/2010
Decision Date:	08/29/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/05/2014

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, has a subspecialty in Pain Management 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 injured worker has a date of injury of 11/12/2010. A utilization review determination dated 05/07/2014 recommends non-certification of long-term aquatic therapy. Zoloft was modified from #30 with three (3) refills to a 30-day supply with one (1) refill. Medical report from 04/30/2014 identifies low back, bilateral knee, and right ankle pain. Pain is 3-4/10 with medications and increased pain at 10/10 without. Functioning and activities of daily living (ADL) are said to be improved with no specific examples provided. Patient is said to have decreased suicidal thoughts. Patient was said to have had significant benefit from aquatic therapy three (3) times a week with increased functioning QOL/ADLs/ROM. Patient is said to be doing well with Zoloft, and she needs and wants counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100 mg #30 with three (3) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: The MTUS guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Within the documentation available for review, the provider notes that the patient is doing well on Zoloft, but no formal mental status exam is noted. Additionally, it is noted that the prior utilization reviewer modified the request to certify a one (1) month supply with one (1) refill rather than three (3) refills. As with any medication, there should be regular re-evaluation for efficacy, side effects, and ongoing need for the treatment. No clear rationale for a four (4) month supply of medication has been documented and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Zoloft 100 mg #30 with three (3) refills is not medically necessary.

Aquatic therapy three times a week for six (6) months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy for the knee.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: The MTUS guidelines state that up to 10 aquatic therapy sessions are recommended as an optional form of exercise therapy as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example in extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment rather than transition to land-based exercise. Furthermore, the requested number of sessions exceeds the recommendations of the MTUS and there is, unfortunately, no provision for modification of the current request. In light of the above issues, the request for aquatic therapy three (3) times a week for six (6) months is not medically necessary.