

Case Number:	CM14-0153278		
Date Assigned:	09/23/2014	Date of Injury:	05/28/2008
Decision Date:	01/06/2015	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/19/2014

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 Emergency Medicine and is licensed to practice in Wisconsin. 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 45-year-old male who reported an injury on 05/28/2008. The mechanism of injury was not provided. His diagnosis was listed as articular cartilage disorder of the pelvic region and thigh. Past treatments included pool therapy and acupuncture. On 08/18/2014, the injured worker was seen for a physician visit. It was reported that the injured worker had improved in symptoms; however, specific subjective complaints were not documented. The physical examination of the injured worker was not documented and his current medications were not documented. The treatment plan included land based therapy. A request was received for 8 sessions of land therapy; however, the rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of land therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 130.

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

Decision rationale: The request for 8 sessions of land therapy is not medically necessary. The California MTUS Guidelines recommend up to 10 visits of physical therapy for myalgia and myositis. The clinical documents submitted for review did not include documentation of a physical examination to support findings of functional deficits that would warrant the need for physical therapy. In addition, the clinical notes indicate that the injured worker has had previous sessions of aquatic therapy and acupuncture therapy. However, there is no documentation with quantifiable evidence to indicate functional improvement with previous therapy. In the absence of documentation with quantifiable evidence of functional deficits with physical examination and functional improvement with previous therapy, the request is not supported. As such, the request is not medically necessary.