

Case Number:	CM14-0198838		
Date Assigned:	12/09/2014	Date of Injury:	12/14/2011
Decision Date:	01/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, 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 59 year old male with an injury date on 12/14/2011. Based on the 10/03/2014 progress report provided by the treating physician, the diagnosis is: 1. Post-Traumatic Stress Disorder. According to this report, the patient complains of "highly frustrated by short-term memory loss. Becomes angry when he cannot remember or has forgotten things." "Deep depression with passive suicidal ideations. High level of anxiety." Per 11/10/2014 report, the patient presents with "abdominal pain and flare up of his head badly, and leg pain." The treatment plan is waiting for authorization for aqua therapy, refill medication (Norco), and follow up every 2 months. The patient's work status is "off work from 11/10/2014 to 1 month." There were no other significant findings noted on this report. The utilization review denied the request for pool therapy 1x10 lumbar on 11/18/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 03/13/2013 to 11/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 1 x 10 Lumbar: Upheld

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

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

Decision rationale: According to the 11/10/2014 handwritten report, this patient presents with "abdominal pain and flare up of his head badly, and leg pain." Per this report, the current request is for pool therapy 1x10 lumbar. The treating physician mentions that "Patient notes the aqua therapy is helping a lot and is the only way he can keep his muscles from cramping up." Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. 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 myalgia and neuralgias. In this case, reports and time frame of prior aquatic therapy are unknown. The treating physician does not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. However, Utilization Review alludes that the patient has had "at least 20 sessions of aquatic therapy." The request of 10 sessions plus the prior "20 sessions" exceeds what is allowed per MTUS. The current request is not medically necessary.