

Case Number:	CM14-0203959		
Date Assigned:	12/16/2014	Date of Injury:	12/21/1998
Decision Date:	02/04/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehabilitation, has a subspecialty in Pain Medicine 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 is a 59 year old female with an original date of injury on December 21 1998. The mechanism of injury is unknown. The industrially related diagnoses are probable lumbar spine disc rupture, lumbar spine pain, right hip pain, right knee pain, left hip pain, left knee pain, status post bilateral total hip replacement, and status post right total knee arthroplasty revision. The patient was taking Motrin, Flexeril, and Lidoderm 5% patches. It appears that the patient has had physical therapy and aquatic therapy, but no documentation was found regarding the number and outcome of these treatments. The dispute he issues are at the request for aquatic therapy 3 times a week for 6 weeks, and physical therapy once a week for 6 weeks. A utilization review on November 12, 2014 has not certify these requests. The rationale for denial for both aquatic therapy and physical therapy was there is currently limited documentation of symptomatic and functional deficits in the physical exam to support the need for these requests. There was no mention of recent flare-up of symptoms. Additionally, the number of prior aquatic therapy, physical therapy visits, and the claimant response are not clearly outlined. Based on these information, these requests were non-certify.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy three times a week for six weeks: Upheld

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

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

Decision rationale: Regarding the request for Aquatic Therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based Physical Therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. In fact, the patient does not meet criteria for "extreme obesity" as there is no documentation of weight, height, and BMI in the submitted documentation. It appears that the patient has had Aquatic Therapy but there is no documentation of improvement of symptom or function. Therefore, for request Aquatic Therapy is not medically necessary.

Physical therapy one time a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Regarding the request for Physical Therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of Physical Therapy. ODG recommends a trial of Physical Therapy. If the trial of Physical Therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the patient has already had Physical Therapy of unknown number of sessions and unclear outcome. In the absence of such documentation, the current request for Physical Therapy is not medically necessary.