

Case Number:	CM14-0209873		
Date Assigned:	12/22/2014	Date of Injury:	03/26/2001
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Internal Medicine

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 CAMTUS/ACOEM Guidelines recommend MRI when there are unequivocal findings identifying specific nerve compromise on the neurologic examination and after failure of conservative care. there was a lack of documentation showing a clear rationale for the medical necessity of an additional cervical spine MRI when there have been no apparent significant changes in the injured worker's condition to warrant additional imaging studies. In addition, the injured worker does not have any neurological deficits and has not failed conservative care. Therefore, the request would not be supported. As such, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

11 Aqua Therapy Sessions for Low Back and Bilateral Hips: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine; Definitions Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment Official Disability Guidelines (ODG) Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The medical records state that the date of injury was March 26, 2001. The progress report dated June 16, 2014 indicated that physical therapy was performed in the past. The physical therapy progress report dated November 3, 2014 documented that the patient has had multiple therapy treatments but had not experienced much improvement. Per ODG guidelines, patients should be formally assessed after a six-visit clinical trial to evaluate whether PT physical therapy has resulted in positive impact, prior to continuing with physical therapy. The request for 11 aquatic therapy treatments exceeds ODG guideline recommendations, without the recommended documentation of functional improvement or exceptional factors. Therefore, the request for 11 Aqua Therapy Sessions for Low Back and Bilateral Hips is not medically necessary.