

Case Number:	CM15-0160697		
Date Assigned:	08/27/2015	Date of Injury:	05/05/2015
Decision Date:	10/02/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for hip and pelvic pain reportedly associated with an industrial injury of May 5, 2015. In a Utilization Review report dated August 13, 2015, the claims administrator partially approved a request for 18 sessions of aquatic therapy as 12 sessions of aquatic therapy. The claims administrator contended that 12 treatments were previously approved on June 11, 2015. The claims administrator referenced an August 7, 2015 progress note in its determination. The claims administrator invoked a variety of MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. On July 2, 2015, the applicant reported ongoing complaints of hip and pelvic pain. The applicant was reportedly improving with aquatic therapy. The applicant was on Celebrex and Percocet for pain relief. 4- to 5- to 5/5 lower extremity strength was appreciated. X-rays of the hip taken in the office demonstrated superior and inferior pubic rami fractures with evidence of a prior intramedullary rod nail placement with subsequent removal. Home healthcare and eighteen sessions of aquatic therapy were endorsed while the applicant was placed off of work, on total temporary disability. A CT scan of the abdomen and pelvic dated May 5, 2015 was notable for acute fractures of the right superior and inferior pubic rami and an acute fracture of the right sacrum. In an inpatient orthopedic consultation dated May 5, 2015, the orthopedist noted that the applicant had undergone multiple surgical procedures following a motorcycle accident in 1994, including a femur ORIF surgery with eventual hardware removal. The attending provider suggested that the applicant treat these particular fractures non-operatively, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 18 visits to the hip/pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Aquatic therapy, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: No, the request for 18 additional sessions of aquatic therapy for the hips and pelvis was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight-bearing is desirable, as was/is seemingly the case here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish a prescription for physical therapy and/or physical methods which "clearly states treatment goals." Here, however, clear treatment goals were not seemingly stated in the formulary. Neither the attending provider's July 6, 2015 RFA form nor the associated July 2, 2015 progress note explicitly stated why such a lengthy, protracted course of therapy was sought. The 18-session course of therapy at issue, thus, ran counter to the philosophy espoused on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines to fade or taper the frequency of treatment over time. Therefore, the request was not medically necessary.