

Case Number:	CM15-0164946		
Date Assigned:	09/02/2015	Date of Injury:	04/05/2012
Decision Date:	10/23/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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: Hawaii, California, Iowa

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:

This is a 36 year old female with a date of injury on 4-5-2012. The diagnoses have included various non-specific regional pain conditions as well as CRPS. The AME on 4/20/15 noted a long prior history of widespread pain and other conditions. A QME on 7/23/15 described ongoing pain, which is essentially of the entire body. The QME noted the lack of sufficient criteria for CRPS and recommended against treatment for CRPS. Treatment has included medications (including high potency opioids), bracing, shoulder surgery, acupuncture, injections, ketamine infusion, physical therapy, and mirror therapy. Reports from the treating chiropractor during 2015 reflect ongoing foot, hand, and back pain; "hypertonicity"; use of Valium and opioids; and totally disabled work status. Some of the reports mention occupational therapy at home and aquatic therapy, with no specific details provided. Per the PR2 of 8/5/15 from the treating chiropractor, there was ongoing 9/10 pain in the foot with widespread "hypertonicity". The treatment plan included aquatic therapy for weak muscles and "occupational therapy for home". The work status was "off work". The Request for Authorization of 8/5/15 was for an unspecified quantity of aquatic and "occupational therapy for home". On 8/12/15 Utilization Review non-certified requests for water and occupational therapy for the upper extremities, noting the lack of a specified quantity and lack of a sufficient treatment history. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Functional restoration programs (FRPs), Physical Medicine.

Decision rationale: There are no essential exercises or therapy for the upper extremity, which can only be performed in the water. Medical necessity, if any, is based on the requirement that this or any other patient must exercise only in the water. The MTUS for Chronic Pain notes that aquatic therapy is recommended where reduced weight bearing is desirable, as with extreme obesity. The MTUS for aquatic therapy recommends, for those patients who need this kind of therapy, that the number of supervised visits are those outlined in the Physical Medicine section. The Physical Medicine section lists 8-10 visits for the usual sorts of chronic pain. The treating physician has not described any specific indications for water exercise for this injured worker. The prescription is for an unspecified quantity of therapy, which potentially exceeds the quantity recommended in the MTUS. There is no specific prescription, no medical supervision, no functional goals, and no specific exercises. The prescription is not accompanied by any physician reports which adequately address function, as the PR2 refers only to inability to perform any and all work. The referral for aquatic therapy is not medically necessary based on the lack of indications as specified in the MTUS, the lack of sufficient focus on function, and the lack of a sufficient prescription.

Occupational therapy bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services, Physical Medicine.

Decision rationale: It is not clear from the available records what is being requested with respect to "occupational therapy". There is some reference to "at home", which could refer to the proposed occupational therapy being provided at home, or possibly to a home evaluation by an occupational therapist". It is not possible to affirm medical necessity for this request based on the ambiguous nature of the request. If the request is for occupational therapy treatment, the prescription would need to be consistent with the Physical Medicine section of the MTUS, cited above, with respect to quantity and content. No content or quantity was specified. If the request is for some sort of home evaluation, the treating physician will need to provide details relevant to a home care evaluation; no such details were provided. The occupational therapy is not medically necessary based on lack of a sufficient prescription and lack of sufficient support in the medical records.