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| Case Number: | CM15-0205200 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 06/22/2008 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on June 22, 2008, incurring low back and hip injuries. She was diagnosed with lumbar spine sprain with bilateral lower extremity radiculitis with multilevel disc protrusions, right hip osteoarthritis, left hip bursitis and bilateral plantar fasciitis. Treatment included pain medications, anti-inflammatory drugs, proton pump inhibitor, topical analgesic patches, sleep aides, antianxiety medications, antidepressants, aquatic therapy, physical therapy and home exercise program, and shockwave treatment. Physical therapy and aquatic therapy showed no significant change in the injured worker's symptoms. She underwent a right total hip replacement on October 6, 2014. Currently, the injured worker complained of worsening low back pain and bilateral hip pain. She rated her pain 6-8 out of 10 on a pain scale from 0 to 10. Upon examination she was noted to have spasms and muscle guarding with limited range of motion. The injured worker developed symptoms of depression, anxiety, and stress secondary to chronic pain from her industrial injuries. The treatment plan that was requested for authorization included eight sessions of aquatic therapy to the left hip. On October 12, 2015, a request for eight sessions of aquatic therapy was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy - 8 sessions (Left Hip): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

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

Decision rationale: Physical Medicine Guidelines, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.