

<b>Case Number:</b>	CM15-0022265		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42-year-old male who reported an injury on 11/26/2013. The injured worker is currently diagnosed with revision left L4-5 discectomy on 10/28/2014. The mechanism of injury involved a fall. The injured worker presented on 01/05/2015 with complaints of posterior hip pain. The injured worker was utilizing Advil. It was noted that the injured workers sciatic leg pain had resolved other than for pain at the hip following surgery. Examination revealed a well healed wound and intact sensation. Recommendations included physical therapy, massage therapy, and aquatic therapy. The injured worker was also issued a prescription for Tylenol with codeine. There was no Request for Authorization Form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy, 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**Decision rationale:** California MTUS Guidelines recommend massage therapy as an option as indicated. Treatments should be in adjunct to other recommended treatment, and should be limited to 4 to 6 visits in most cases. The request for 12 sessions of massage therapy exceeds guideline recommendations. The request as submitted also failed to indicate a specific body part. Given the above, the request is not medically appropriate at this time.

**Aquatherapy, 12 sessions:** 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 Page(s): 22.

**Decision rationale:** California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy. Aquatic therapy can minimize the effects of gravity, and is specifically recommended where reduced weight bearing is desirable. In this case, there was no comprehensive physical examination provided. There was no evidence of a significant musculoskeletal deficit. There was also no mention of a contraindication to land based physical therapy as opposed to aquatic therapy. The request as submitted also failed to indicate a specific body part. Given the above, the request is not medically appropriate.