

Case Number:	CM14-0133586		
Date Assigned:	08/27/2014	Date of Injury:	09/13/2013
Decision Date:	10/23/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 25-year-old female who reported an injury of unknown mechanism on 09/13/2013. On 07/24/2014, her diagnoses included displacement of lumbar intervertebral disc without myelopathy, and enthesopathy of the hip. Her complaints included lower back pain without radiation. She had been attending an unknown number of physical therapy sessions with the recommendation for aquatherapy as an option to treat her ongoing chronic low back pain. Although the documentation stated that she had completed 10 physical therapy sessions, the note on 06/11/2014 stated that the injured worker had missed 3 consecutive appointments, cancelled numerous in between appointments, and was being discharged from care. The rationale for the aquatic therapy was that it was recommended as an optional form of exercise therapy as an alternative to land based physical therapy. The rationale for the chiropractic treatment was that it was recommended for chronic pain if caused by musculoskeletal conditions. The Request for Authorization dated 07/25/2014 was included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy - 10 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The request for aquatic therapy 10 sessions is not medically necessary. Per the California MTUS Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The Physical Medicine Guidelines allow for a fading of treatment from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. The guidelines for myalgia and myositis allow 9 to 10 visits over 8 weeks. The injured worker already has already completed an unknown, yet documented, 10 visits of physical therapy. The additional 10 sessions that have been requested exceed the recommends in the guidelines. Additionally, there is no documentation that injured worker is obese and needs to be in a reduced weight bearing environment. Furthermore, the body part or parts to have been treated or time frames were not specified in the request. Therefore, this request for aquatic therapy 10 sessions is not medically necessary.

Manual Therapy (Chiropractic) - 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for manual therapy (chiropractic) 10 sessions is not medically necessary. The California MTUS Guidelines do recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal of effective manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For low back pain, a trial of 6 visits over 2 weeks is recommended. The requested 10 sessions exceed the recommends in the guidelines. Additionally, there was no time frame included with the request, nor was there a body part or parts to have been treated. Therefore, this request for manual therapy chiropractic 10 sessions is not medically necessary.