

Case Number:	CM14-0149855		
Date Assigned:	09/18/2014	Date of Injury:	08/05/1999
Decision Date:	10/17/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/15/2014

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 & Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 65 years old male with an injury date on 08/05/1999. According to a reported provided by [REDACTED] on 08/07/2014, the patient complains of constant low back pain that is dull, achy, and sharp with intensity of an 8-9/10. The patient also complains of foot pain that is constant, dull, achy, and sharp with intensity of 7-8/10. Physical exam reveals decreased lumbar range of motion. Mildly motor weakness is noted at the bilateral lower extremities. Decreased sensation is noted in the bilateral feet. There tender to palpation over the lateral aspect of the left foot, lateral/medial malleolus bilaterally, and the Achilles tendon bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 09/13/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/31/2014 to 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown sessions of physical therapy with aquatic therapy component: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009) Physical Ther.

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

Decision rationale: For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, the physician does not discuss the patient's treatment history or the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the physician provide monitoring of the patient's progress and make appropriate recommendations. The physician does not mention duration and frequency of the request. MTUS limits therapy treatments to 10 sessions for this type of condition. Therefore, the request for unknown sessions of physical therapy with aquatic therapy component is not medically necessary and appropriate.