

Case Number:	CM14-0098595		
Date Assigned:	07/28/2014	Date of Injury:	12/21/2011
Decision Date:	09/16/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/26/2014

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 Geriatrics and is licensed to practice in New York. 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 37 year old man with a date of injury of 12/21/11. He has a history MVA with fire leading to traumatic brain injury, bleed, burn and anoxia with 3 minutes of cardiac arrest. He resides at a skilled nursing facility where he has been receiving physical therapy three times per week and pool therapy. Nursing notes from 4/14 reveal that he was alert with no pain. He was up to his wheelchair. He would go out for leave of absences with his family. Physical therapy notes show he could do stand pivot transfers from his wheel chair to the mat table with minimal to moderate assist. The doctor's progress note of 4/28/14 showed he had abnormal gait and he was at risk of falls. He had numerous chronic comorbidities. He remained appropriate medically to remain in the SNF. His chronic pain was treated. At issue in this review is continuation of pool therapy at 3 times per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy, 3 times a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Aquatic therapy is in question for this injured worker with traumatic brain injury. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. In this case, the records do not justify why aquatic therapy is indicated in addition to the ongoing land based therapy that he is receiving three times per week. The medical necessity of pool therapy is not justified in the medical records. Therefore, this request is not medically necessary.