

Case Number:	CM14-0099640		
Date Assigned:	07/30/2014	Date of Injury:	06/04/1998
Decision Date:	10/06/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 Nevada. 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 records, presented for review, indicate that this 57-year-old individual was reportedly injured on June 4, 1998. The mechanism of injury was noted as repetitive stress. The most recent progress note, dated July 3, 2014, indicated that there were ongoing complaints of neck, back and knee pains. The physical examination was not reported. Diagnostic imaging studies were not addressed. Previous treatment included right elbow surgery, right shoulder surgery, right wrist surgery, nerve transposition, physical therapy, multiple medications and pain management interventions. A request had been made for aquatic therapy and individual psychological counseling and was not certified in the pre-authorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

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

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered, and the most recent physical examinations reported, there is no clear clinical indication presented

that an alternate to traditional land-based physical therapy is necessary. This is not an obese individual, and while noting there are some issues relative to the pain, there still is no data presented to suggest that the more traditional land-based therapy could not be pursued. Therefore, based on the clinical information presented, the request for aquatic therapy is not medically necessary.

Individual Psychological counseling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered and the amount of medication ongoing, and that there has been a recent comprehensive rehabilitation protocol completed, there is no clear clinical indication presented as to why additional individual psychotherapy is necessary. Excessive completion of the functional restoration program would include such interventions. Therefore, based on the clinical data presented for review, the request for additional individual psychotherapy is not medically necessary.