

Case Number:	CM14-0216446		
Date Assigned:	01/06/2015	Date of Injury:	12/25/2010
Decision Date:	02/24/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

59 yr. old male claimant sustained a work injury on 12/19/10 involving the pelvis, thigh and back. He was diagnosed with scitatica and pelvic/thigh pain. An MRI of the left hip in 2011 was unremarkable. He previously underwent knee surgery for Osgood Schlater's disease. He had been going to a physical therapist (for 24 sessions) and undergone aqua therapy. The therapist had recommended gym membership fo a year to use the pool. He was able to tolerate a pool more than land based exercises. He had undergone 6 chiropractor sessions. A progress note on 11/20/14 indicated the claimant had continued pain in the low back. Exam findings were non-focal and unremarkable. The physician requested an additional 12 sessions of chiropractor therapy and 1 yr. of a gym membership to use the pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

Decision rationale: According to the MTUS guidelines, chiropractic therapy is considered manual therapy and is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the amount of sessions recommended combined with amount completed exceed the sum total recommended by the guidelines. Therefore, this request is not medically necessary.

1 year gym membership with pool access for independent pool program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Memberships

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

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions and the injured worker completed an unknown amount of aqua therapy sessions already. The requested 1 year treatment exceeds the amount suggested by the guidelines. Therefore, this request is not medically necessary.