

Case Number:	CM15-0120583		
Date Assigned:	07/01/2015	Date of Injury:	08/27/2014
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: Indiana, Michigan, 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:

The injured worker is a 55 y/o female who slipped and fell at work on 8/27/2014 with subsequent right ankle, neck and low back pain. She underwent physical therapy, chiropractic and medication treatment as well as right ankle injection. Imaging was performed and included x-rays of the cervical and lumbar spine on 11/26/2014 showing degenerative changes. Right ankle x-ray on 11/26/2014 was negative for fracture. MRI of the right ankle completed 12/23/2014 showed mild thickening of the deltoid ligament with no fracture. MRI of the cervical spine on 3/17/2015 revealed mild central spinous stenosis at C5-6. MRI of the lumbar spine on 3/17/2015 was consistent with mild central canal stenosis of L4-5 and L5-S1. Diagnoses included cervical strain/sprain, lumbar strain/sprain and right ankle strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker was referred to physical therapy for traction due to her cervical spine symptoms. There was no documentation of the physical therapy completed or results indicating any clear improvement in functional status or allowance for fading of treatment frequency and self-directed home physical medicine as directed in the MTUS guidelines. Therefore, this request is not medically necessary.

Water therapy two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Aquatic therapy is optional per MTUS and is an alternative to land based physical therapy. Aquatic therapy is specifically recommended for extreme obesity. No documentation of morbid obesity was found. Therefore, the request for Aquatic therapy is not medically necessary and appropriate.