

Case Number:	CM15-0033447		
Date Assigned:	02/26/2015	Date of Injury:	07/07/2011
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who sustained an industrial related injury on 7/7/11 due to falling from a ladder. The injured worker had complaints of left shoulder pain, thoracic pain, lumbar pain and left lower extremity pain. Abrasions were sustained over the left shin. The diagnoses were left shoulder sprain, labral injury, thoracic sprain, lumbar spine degenerative changes, chronic sprain stenosis at L2-3, left lower extremity abrasion with subsequent infection, cellulitis, left knee internal derangement, tear of medial meniscus, medial joint arthritis with cartilage loss, lateral meniscal tear, arthrosis of patellofemoral joint, and obesity. The treating physician requested authorization for 12 pool therapy sessions. On 2/10/15, the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the documentation did not contain evidence suggesting the injured worker required therapy where reduced weight bearing is desirable. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 pool therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy, physical medicine Page(s): 22, 98-99.

Decision rationale: This patient presents with left shoulder and low back pain radiating to the bilateral legs. The treater is requesting 12 pool therapy sessions. The RFA from 01/23/2015 shows a request for pool therapy two times per week for six weeks. The patient's date of injury is from 07/07/2011 and he is currently permanent and stationary. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The patient is not post-surgical. The records do not show any pool therapy reports. The 12/31/2014 report shows that the patient's range of motion in the lumbar spine is extremely limited. He is morbidly obese. The patient has not had pool therapy in the past. While the patients weight, height and BMI was not made available, the treater has noted that the patient is morbidly obese and can benefit from a short course of pool therapy to reduce weight bearing. However, the requested 12 sessions exceed the MTUS guidelines. The request IS NOT medically necessary.