

Case Number:	CM14-0143761		
Date Assigned:	09/12/2014	Date of Injury:	01/25/2000
Decision Date:	10/07/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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 California. 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 patient is a 52 years old female with an injury date on 01/25/2000. Based on the 03/31/2014 progress report provided by [REDACTED], the diagnoses are: 1.Prolapsed lumbar intervertebral disc L5-S12.Sciatica-Bilateral3.Essential hypertension4.Low back pain, bilaterallyAccording to this report, the patient complains of low back pain and right SI joint tenderness. Motor exam and reflexes findings were normal. Subjective and objective findings were not included in the reports. There were no other significant findings noted on this report. The utilization review denied the request on 08/27/2014. [REDACTED] is the requesting provider, and she provided treatment reports from 10/21/2013 to 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004),Chapter 7, page 127

Decision rationale: The treater is requesting physical therapy evaluation. The most recent progress report is dated 03/31/2014 and the utilization review letter in question is from 08/27/2014. The utilization review denial letter states "The claimant was already evaluated by PT in June 2014." Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, per utilization review, the patient was recently evaluated in June. Given, that the patient was recently evaluated, the request is not medically necessary at this time. Recommendation is for denial.

Aquatic therapy, 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98, 99.

Decision rationale: The treater is requesting Aquatic Therapy 12 visits. The most recent progress report is dated 03/31/2014 and the utilization review letter in question is from 08/27/2014. Regarding aquatic therapy, MTUS guidelines recommend as an option for land-based PT in patients that could benefit from decreased weight-bearing. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of the reports from 10/21/2013 to 09/02/2014 shows no therapy reports and no discussion regarding the patient's progress. In this case, the treater does not discuss why weight reduced exercise would benefit this patient, and no documentation regarding extreme obesity. There is no discussion as to what is to be accomplished with additional therapy. Given no recent therapy history, a short course of therapy may be reasonable to address flare-ups or change in clinical presentation. However, the requested 12 sessions exceed what is allowed per MTUS. Recommendation is for denial.

Aquatic group treatments, 12 visits: Upheld

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

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

Decision rationale: The treater is requesting Aquatic Group Treatments 12 visits. The most recent progress report is dated 03/31/2014 and the utilization review letter in question is from 08/27/2014. Regarding aquatic therapy, MTUS guidelines recommend as an option for land-based PT in patients that could benefit from decreased weight-bearing. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various

myalgias and neuralgias. Review of the reports from 10/21/2013 to 09/02/2014 shows no therapy reports and no discussion regarding the patient's progress. In this case, the treater does not discuss why weight reduced exercise would benefit this patient, and no documentation regarding extreme obesity. There is no discussion as to what is to be accomplished with additional therapy. Given no recent therapy history, a short course of therapy may be reasonable to address flare-ups or change in clinical presentation. However, the requested 12 sessions exceed what is allowed per MTUS. Recommendation is for denial.