

Case Number:	CM14-0148161		
Date Assigned:	09/18/2014	Date of Injury:	12/03/2013
Decision Date:	10/20/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine 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 injured worker is a represented [REDACTED] employee who has filed a claim for neck and low back pain reportedly associated with an industrial injury of December 3, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and unspecified amounts of acupuncture over the course of the claim. In a utilization review report dated August 29, 2014, the claims administrator denied a request for 12 sessions of aquatic therapy and a functional capacity evaluation. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS Official Disability Guidelines (ODG) in its functional capacity evaluation denial. The injured worker's attorney subsequently appealed. In a December 12, 2013, progress note, the injured worker presented with multifocal neck and low back pain. The injured worker was asked to obtain chiropractic manipulative therapy and physical therapy while remaining off work, on total temporary disability. In a February 12, 2014, progress note 18 sessions of physical therapy were endorsed. A functional capacity evaluation was also sought. The injured worker's gait was not described. In an August 19, 2014, progress note the injured worker reported persistent complaints of neck and low back pain, 3-8/10. Decreased, painful lumbar range of motion was noted. The injured worker reportedly stood 5 feet 5 inches tall and weighed 145 pounds. 5/5 lower extremity strength was noted. The injured worker's gait was not described. Twelve sessions of aquatic therapy and a functional capacity evaluation were sought, while the injured worker was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy times twelve (12) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Physical Medicine Page(.

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in injured workers who reduced weight bearing is desirable, for instance, with extreme obesity. In this case, however, there is no evidence that the injured worker is extremely obese. The injured worker reportedly stood 5 feet 5 inches tall and weighed 145 pounds, it was stated on the August 19, 2014, office visit on which the aquatic therapy in question was sought. The injured worker's gait was not described. There was no mention of issues associated with gait derangement. There was no mention of any contraindication to weight bearing activities evident here. Therefore, the request is not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty Chapter, functional capacity evaluation (FCE) chapter Guidelines for performing an FCE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions. However, in this case the injured worker is off work on total temporary disability. There is no evidence that the injured worker has a job to return to worker. It is not clear what role quantification of the injured worker's abilities and capabilities through a functional capacity evaluation would serve in the context present here. Therefore, the request is not medically necessary.