

Case Number:	CM13-0012910		
Date Assigned:	11/08/2013	Date of Injury:	07/03/2000
Decision Date:	12/30/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/19/2013

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 58 year old female with an injury date of 08/27/99. Based on the 03/14/13 progress report, the patient complains of cervical spine pain with underlying stenosis and spondylosis at multiple levels. She has severe right-sided buttock, hip pain and radiating symptoms. She falls frequently and is unstable. The patient has a restricted gait and severe right paralumbar and right buttock tenderness. She has a restricted cervical spine range of motion and tenderness diffusely with guarding movement. The 06/05/14 report states that the patient is unable to complete activities of daily living. She wears a lumbar brace for support and uses a cane to ambulate. The December 2012 CT scan of the cervical spine reveals moderate disc osteophyte complex at C6-7, mild central canal stenosis C4-5 to C6-7, neuroforaminal stenosis moderate in the right at C5-6, mild-to-moderate at the levels from C4-5 to C6-7. There is a reversal of the normal cervical lordosis. The patient's diagnoses include the following: 1. Post-laminectomy pain syndrome 2. Cervical spondylosis with multiple level nerve root stenosis 3. Major depressive disorder 4. Chronic pain disorder 5. Chronic pain syndrome 6. Narcotic dependency 7. Bilateral shoulder adhesive capsulitis The utilization review determination being challenged is dated 07/16/13. Three treatment reports were provided from 03/14/13, 03/15/13, and 06/05/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 06/05/13 report, the patient presents with cervical spine pain with severe right paralumbar and right buttock tenderness. The request is for Pool Therapy to maintain her mobility and level of strength. Review of the reports does not indicate that the patient had any prior aquatic therapy. The MTUS guidelines page 22 states that 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." In this case, there is no discussion provided as to why the patient needs aquatic therapy and cannot complete land based therapy. None of the reports mention if the patient is extremely obese and there is no discussion as to why the patient requires weight-reduced exercises. There is no discussion regarding treatment history as well to determine how the patient has responded in the past. Therefore, the request is not medically necessary.