

Case Number:	CM13-0037099		
Date Assigned:	12/13/2013	Date of Injury:	07/13/2009
Decision Date:	04/22/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/23/2013

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 Medicine & 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:

This 55 year-old male sustained an injury on 7/13/09 while employed by [REDACTED], [REDACTED]. Current diagnoses include cervical strain and myofascitis; right shoulder impingement/ bursitis/ tendinosis/ over-compensation pain; bilateral hand, wrist sprains and paresthesias with probable median neuropathy; lumbosacral strain and disc extrusion at L4-5. Conservative care has included chiropractic care, acupuncture, and physical therapy. A report of 9/20/13 from the provider noted approximately 6 months from last visit, the patient has been treated with a pain management physician and another chiropractor provider with treatment benefits. The patient has had 12 total acupuncture visits with benefit. However, per provider's reports, the patient was seen by a pain management provider on 7/2/13 and 8/27/13 without change in pain level averaging 2/10 while on medications. The patient complained of neck, bilateral shoulders, hands, wrist, and low back pain. Exam showed tenderness throughout her body without change. A request for aquatic therapy was non-certified on 10/15/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 INITIAL AQUATIC THERAPY VISITS FOR THE LUMBAR SPINE 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM- [http://www.acoempracguides.org/Chronic Pain](http://www.acoempracguides.org/Chronic%20Pain); Table 2, Summary of Recommendations, Chronic Pain Disorders.

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

Decision rationale: In the medical records provided for review, there is no documentation indicating an intolerance of treatment, incapacity of making gains with land-based programs, or any medical diagnosis or indication to require aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there a diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this 2009 injury. Per the MTUS Chronic Pain Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. A review of submitted physician reports shows no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The MTUS Chronic Pain Guidelines allow for 9-10 visits of physical therapy with a fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support the requested pool therapy. The request for initial aquatic therapy for the lumbar spine is not medically necessary and appropriate.