

Case Number:	CM13-0042232		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2011
Decision Date:	04/16/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient sustained an injury from a slip and fall on 1/14/11. Current diagnoses include myalgia/myositis; post-trauma headache; morbid obesity; post-concussion syndrome; failed back syndrome; chronic pain; and thoracic/lumbosacral radiculopathy. Conservative care has included physical therapy, medications, epidural and facet injections, and off work. Lumbar X-rays of 5/31/11 showed multi-level degenerative disease; MRI of the lumbar spine on 5/31/12 showed multi-level disc protrusions. Report of 9/27/13 from the provider noted moderate-severe ongoing upper, mid, radiating low back, neck pain and headaches. Pain without medications rated as 10/10 and with medications at 8/10. Exam showed BMI of 53.95; tenderness in shoulders, facet, pericervical, periscapular, trapezius; antalgic gait; uses a cane; lumbar paraspinous tone increased with spasm; SLR "radiates left"; lumbar ROM limited by pain; taut bands over paraspinous area; right hip strength limited. Medications list Cyclobenzaprine, Cymbalta, Morphine ER 30 mg/ 60 mg, Opana ER. MED is 120 mg. Request for aquatic therapy of 12 sessions was non-certified on 10/11/13 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:

12 AQUATIC THERAPY VISITS BETWEEN 10/7/2013 AND 11/21/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

Decision rationale: Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy (PT). There are no records indicating intolerance of treatment, incapable of making same gains with land-based program. The patient is not status-post recent lumbar or knee surgery. Although the patient has diagnosis of morbid obesity which may be assisted via aquatic therapy, guidelines allow for trial number of visits to allow for evaluation of functional benefit if any prior to further consideration. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. 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 injury of January 2011. Per 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 range of motion (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 Chronic Pain Guidelines allow for 9-10 visits of physical therapy for flare-ups with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the aquatic therapy. The 12 Aquatic Therapy visits are not medically necessary and appropriate.