

Case Number:	CM13-0044087		
Date Assigned:	02/20/2014	Date of Injury:	03/07/2011
Decision Date:	04/22/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 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 51 year-old patient sustained an injury from a slip and fall on 3/7/11 while employed by [REDACTED]. Aquatic therapy for the lumbar spine (12 sessions). EMG per visit note of 6/20/12 noted S1 radiculopathy. MRI dated 5/5/11 noted disc bulge at L5-S1 impinging right S1 nerve. Conservative care has included formal physical therapy, quantity unspecified. Report of 9/25/13 from the provider noted the patient with ongoing low back pain radiating to the right lower extremity with some weakness. Medication list Vicoprofen, Relafen, Flexeril, and Prilosec. Exam noted stiffness and spasm in the lower lumbar spine; positive straight leg raise on the right. Diagnoses included Disorders of bursae and tendons of shoulder; thoracic sprain; neck sprain; brachial neuritis; cervical spondylosis without myelopathy; lumbar spondylosis without myelopathy. Request for aquatic therapy was non-certified on 10/17/13 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:

AQUATIC THERAPY FOR THE LUMBAR SPINE (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints; Aquatic Therapy..

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

Decision rationale: This 51 year-old patient sustained an injury from a slip and fall on 3/7/11 while employed by [REDACTED]. Aquatic therapy for the lumbar spine (12 sessions). Diagnoses included disorders of bursae and tendons of shoulder; thoracic sprain; neck sprain; brachial neuritis; cervical spondylosis without myelopathy; lumbar spondylosis without myelopathy. Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there 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 diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. 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. 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 ROM, strength, and functional capacity. Review of submitted physician reports show 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 with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The aquatic therapy for the lumbar spine (12 sessions) is not medically necessary and appropriate.