

Case Number:	CM13-0044266		
Date Assigned:	06/09/2014	Date of Injury:	03/10/2002
Decision Date:	07/25/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 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 53 year-old patient sustained an injury on 3/10/2002 to the low back, neck, and bilateral upper extremities while employed by [REDACTED]. The request under consideration is aqua therapy visit x1. The report of 9/5/13 from the provider noted patient with neck pain radiating down both upper extremities with numbness, lower back pain and right hand pain rated at 7/10. Pain is manageable with current meds and to continue aqua therapy with improved mobility. An exam showed cervical spine with TTP and decreased range of motion and sensation (no degree or dermatome specified); lumbar spine with decreased range; SLR with axial back pain radiating to buttock region on right at 70 degrees; right thumb degenerative arthrosis at 1st MCP joint with decreased grip. The report of 12/4/13 from the pain management provider noted the patient with chronic symptom complaints involving the cervical and lumbar spine and right thumb. Exam showed unchanged tenderness, decreased range of motion in flexion/extension (no degrees specified); diffuse decreased sensation in upper extremity; lumbar spine with positive SLR and axial facet loading with intact motor and sensory. Diagnoses included lumbar myoligamentous injury with facet arthropathy; bilateral CTS with left CTR in 2004; left lateral epidondylitis; left knee myoligamentous injury; right 1st metacarpal degenerative arthrosis; s/p cervical discectomy and fusion C5-7 (3/18/03); xerostomia secondary to chronic opiate use and medication induced gastritis. Medications list includes Norco, Soma, Xanas, Ambien, Anaprox, Prilosec, Synovacin, and Dendracin topical cream. The treatment included electrodiagnostics, epidural injections, medication refills and continued aqua therapy along with referral to ortho for right CTR. The report of 3/13/14 from the provider noted patient with chronic low back pain and bilateral thumb pain along with neck pain associated with headaches. Exam showed chronic unchanged findings with treatment requests for ortho mattress and gym membership which were non-certified. The

request for aqua therapy visit x1 was non-certified on 9/27/13 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:

AQUA THERAPY VISIT X1: 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 Physical Medicine pages 98-99 Page(s): 98-99.

Decision rationale: Aquatic 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 and 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. A 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 aqua therapy visit x1 is not medically necessary and appropriate.