

Case Number:	CM13-0046386		
Date Assigned:	12/27/2013	Date of Injury:	09/16/2011
Decision Date:	03/07/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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:

The patient is 55 year old female with date of injury 09/16/11. According to [REDACTED] progress report dated 10/02/13, the patient has the following diagnoses : 1. Cervical spine disc bulges 2. Thoracic Spine Strain 3. Lumbar spine disc bulges 4. Right shoulder strain 5. Right and Left Elbow strain 6. Right and Left hip strain 7. Right and Left knee strain 8. Right and Left foot strain The patient is status post left shoulder surgery (2012, Capen). Progress report 07/22/13 by [REDACTED] states patient "has more stress and headaches caused by stress." The patient "believes she is being followed by investigators." Physical examination notes light touch sensation to the left lateral shoulder, left thumb tip and left long, left small tip are diminished. The treater is requesting 12 visits of aqua therapy and LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyiotherapy/Aqua Therapy 2x6 to neck, Lumbar Spine and Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, page 22, Physical Medicine pages 98-99 Page(s): 22 and 98-99.

Decision rationale: The patient has chronic back pain and multiple areas of strain/sprain. The treater is requesting an additional 12 visits of aqua therapy. Physical therapy report dated 11/21/13 by [REDACTED], shows a decrease in the patient's pain level from 07/18/13 of 5-7/10 level to a 4-6/10 level on 11/21/13. Minor improvements are noted with range of motion of C-spine and L-spine. The patient appears to have underwent 20 session of therapy around this time. MTUS guidelines page 22 recommends aqua therapy as an alternative to land-based physical therapy where effects of gravity is minimized, such as extreme obesity. In this patient, the patient is tolerating land-based therapy and the treater does not explain why aqua-therapy is being requested. For duration of treatment, MTUS refers readers to the Physical Medicine section pages 98 & 99 where 9-10 sessions are recommended for myalgia and myositis type symptoms. This patient has already recently completed 20 sessions of therapy and the patient should have been transitioned into home-based exercise program. Recommendation is for denial.

LSO Brace: 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), Back Chapter, page 25

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following regarding lumbar supports: (http://www.odg-twc.com/odgtwc/low_back.htm#Lumbarsupports)

Decision rationale: The patient has chronic back pain and multiple areas of strains and sprains. The treater is requesting LSO brace. ACOEM guidelines page 301 states " lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. " ODG guidelines also states that it is "not recommended for prevention". Lumbar bracing is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and for treatment of nonspecific LBP(very-low grade evidence). Although the patient has non-specific back pain, ODG indicates very-low grade evidence for the use of bracing. Recommendation is for denial.