

Case Number:	CM13-0062446		
Date Assigned:	05/21/2014	Date of Injury:	01/21/1988
Decision Date:	07/11/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/06/2013

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:

The patient is a 78 year old male with a date of injury of 01/21/1988. The listed diagnoses per [REDACTED] dated 07/12/2013 are: Cervical spondylosis with myelopathy; Lumbar radicular pain; Spinal stenosis, lumbar region, without neurogenic claudication status post microdiscectomy with C4 corpectomy, bilateral C3-C4, C4-C5 foraminotomy, and C3-C5 athrodesis instrumentation from 07/12/2013. According to the report dated 10/24/2013 by [REDACTED], the patient is functionally paraplegic and walks with a staggering, scissor gait. He holds himself up with a great deal of effort with a walker. He has developed right shoulder pain recently and now has a virtually-frozen right shoulder. He has markedly limited rotational movements of the right shoulder. There has been no change in the cervical or lumbar spine pain, which is 6/10. He takes Norco, Soma, and baclofen for pain relief. The patient states that he has found that a hot tub gives him a great deal of relief for his continuous pain. The utilization review denied the request on 11/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHIRLPOOL TUB: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines under Physical Therapy Services.

Decision rationale: The MTUS Chronic Pain, ACOEM, and Official Disability Guidelines Guidelines do not address this request. However, Aetna Guidelines under physical therapy states, "Whirlpool - these modalities involve supervised use of agitated water in order to relieve muscle spasm, improve circulation, or cleanse wounds, e.g., ulcers, exfoliative skin conditions. Considered medically necessary to relieve pain and promote relaxation to facilitate movement in persons with musculoskeletal conditions." Furthermore, under Aquatic Therapy/Hydrotherapy it is provided individually, in a pool, to severely debilitated or neurologically-impaired individuals. This patient does not present with skin ulcers, and whirlpool tub treatments are recommended during therapy visitation and not at home. As such, the request is not medically necessary and appropriate.