

Case Number:	CM13-0068539		
Date Assigned:	01/03/2014	Date of Injury:	05/24/2002
Decision Date:	04/07/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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 Pain Management, 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 a female who sustained a work-related injury on May 24, 2002. A progress report dated November 26, 2013 indicates that the patient has pain all over her body. The pain is worse in the neck, head, and mid back, especially with cold weather. Additionally, pain is described as worse in the right knee. Physical examination identifies decreased neck rotation, positive cervical facet loading, and positive tenderness to palpation over the cervical spine. Additionally, there is tenderness to palpation in the lumbar spine, sacroiliac joints, and quadratus lumborum. Diagnoses include cervical facet arthropathy, post cervical fusion, GERD, right knee osteoarthritis, Raynaud's syndrome, and myofascial spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of physical therapy with aquatics for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example in the case of extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, the physical therapy guidelines should be referenced. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Additionally, no objective functional treatment goals have been described to support the need for physical or aquatic therapy. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective, in hopes of addressing any current functional deficits. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.