MAXIMUS Federal Services

Case Number:	CM14-0000662		
Date Assigned:	01/17/2014	Date of Injury:	02/17/2009
Decision Date:	06/06/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 Emergency Medicine 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:

Patient with documented date of injury of 2/17/2009. Patient developed pain during the course of work. There is no specific incident of injury provided. Patient has a diagnosis of chronic overuse syndrome, musculoligamentous injury to cervical, thoracic and lumbar spine; musculoligametnous injury to R shoulder, both knee and hips, Degenerative changes along with disc disease and spinal stenosis of lumbar spine, bilateral hip impingement syndrome and post-surgical changes and lumbar radiculopathy and history of R hip surgery. Multiple medical records from primary treating physician were reviewed. The last report available was on 11/14/13. Patient complains of headaches, low back pain, R shoulder, neck pain, R hip pain and bilateral knee pain. No numbness or weakness noted. Patient has noted popping and clicking in R shoulder and both knees. Objective exam reveals to cervical spine with paraspinal muscle spasms. There was noted tenderness to mid-lumbar region. There was decreased range of motion to neck and back from pain. No pain to sciatic notch. There is grinding crepitus to both knees. MRI of R hip (7/16/11) shows CAM-type femoro-acetabular impingement syndrome with tearing of anterior ace tabular labrum, strain of gluteus medius tendon insertion and tendinosis of L hamstring. MRI of L hip (1/11/12) shows tear of posterior superior, superolateral and anterosuperior L ace tabular labrum with CAM-type impingement syndrome. Tendinosis of L hamstring origin. MRI of Lumbar spine (9/25/12) shows degenerative disc disease L4-5 and L5-S1 with broad based protrusion with annular fissuring of L4-5 that indents thecal sac, disc dissication. Patient is reportedly on Testosterone, Motrin, Vicodin, Lidoderm, Voltaren Gel, Percocet, Flexeril, Lisinipril-HCTZ, Requip, Ambien, Trazadone, Viagra and Cialis. Patient has attempted chiropractic sessions with no improvement. There is report of physical therapy for low back pain done in 2009 with report of some relief. Utilization review is for Aquatic Therapy (6sessions) for lumbar spine. Prior UR on 12/20/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TIMES SIX FOR LUMBAR SPINE, QUANTITY 6: Overturned

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(s): 22.

Decision rationale: Aquatic Therapy is an optional form of exercise therapy and is an option to land based therapy. As per MTUS Chronic pain guidelines, it may be recommended in situations where decreased weight bearing is recommended. Pt meets these criteria. Patient appears to be a large and heavy individual with bilateral hip; knee and back problems that restrict land based physical therapy. The recommended number of requested sessions is also appropriate. Aquatic therapy is medically necessary.