MAXIMUS Federal Services

Case Number:	CM14-0101251		
Date Assigned:	07/30/2014	Date of Injury:	10/31/1994
Decision Date:	09/18/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational 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:

The claimant was injured on 10/31/94. Pool therapy for the low back for 12 visits is under review. He has chronic pain. He has a diagnosis of intervertebral disc degeneration and low back pain. He reportedly had previously received aquatic therapy, He is 82 years old and has heart problems. On 05/07/14, [redacted] stated that the medications were not authorized. He was refusing a urinary drug screen and stated he would consent to the drug screen when his medications were authorized. He expressed the need for ongoing therapy and found the pain to be continuously severe and intolerable. He was angry and his gait was stiff with a short stance and cane assisted. He had profoundly reduced range of motion of the lumbar spine. He has severe spinal stenosis dating back to 2004. He was requesting additional pool therapy for pain control. He was on multiple medications including tizanidine, Butrans patch, hydrocodone, Ambien, and Nexium. He saw [redacted] on 06/12/14. His therapy had been denied. His gait was stiff and cane assisted. He had decreased range of motion with tenderness. He was diagnosed with advanced multilevel discogenic disease and severe stenosis as well as cord compression at C4-5. He has lumbar spine spondylosis and bilateral shoulder impingement. Continued pool therapy was denied. He wanted his home IF unit replaced and was on the same medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 pool therapy for the lumbar spine,12 visits, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 53.

Decision rationale: The history and documentation do not objectively support the request for continued aquatic therapy for 12 visits for the lumbar spine. The MTUS state regarding aquatic therapy, "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In this case, there is no documentation of specific objective benefit to the claimant from past aquatic therapy and there is no indication that he is unable to do a land-based exercise program or is extremely obese. There is no indication that his program is to be monitored and supervised by medical professionals. It is not clear what objective measurement or functional improvement he has received from aquatic therapy in the past. The medical necessity of this request for aquatic therapy for 12 visits has not been clearly demonstrated.