

Case Number:	CM14-0106562		
Date Assigned:	09/16/2014	Date of Injury:	11/20/2011
Decision Date:	11/10/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of November 20, 2011. A utilization review determination dated June 11, 2014 recommends noncertification of aquatic therapy. A physical therapy progress report dated May 13, 2014 indicates that the patient has completed 25 therapy visits. A progress report dated May 19, 2014 identifies subjective complaints of headaches, cervical spine pain, thoracic spine pain, lumbar spine pain, and sleep disturbance. Objective examination findings reveal normal thoracic range of motion with tenderness to palpation and slightly reduced lumbar spine range of motion with pain and tenderness to palpation. Diagnoses include cervical disc protrusion, thoracic sprain/strain, lumbar disc protrusion, lumbar musculoligamentous injury, and others. The treatment plan recommends a functional capacity evaluation, ENT consult, referral for medication, cardiorespiratory testing, acupuncture, and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3 X 4 Lumbar and Thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 22 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar and Thoracic Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792. Page(s): 22, 98-99 of 127. Decision based on Non-MTUS Citation Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain 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 extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, guidelines recommend a maximum of 10 therapy visits for the treatment of lumbar spine sprains/strains and intervertebral disc disorders. The patient has already completed at least 25 therapy sessions of land-based therapy. The additional sessions, therefore, exceeded the maximum number recommended by guidelines for this patient's diagnosis. As such, the currently requested aquatic therapy for the lumbar and thoracic spine is not medically necessary.