

Case Number:	CM14-0016204		
Date Assigned:	04/14/2014	Date of Injury:	06/26/2010
Decision Date:	05/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 Interventional Spine, 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 58 year old with an injury date on 6/26/10. Based on the 10/23/13 progress report provided by [REDACTED], the patient's diagnosis include thoracic spine strain, lumbar spine strain with radiculopathy, left knee strain, right knee surgery, and left hip strain. This report contains checked boxes only with a check mark next to physical therapy 2 x 6. The 5/24/13 report by the treating physician is an initial evaluation and states that the patient presents with pains in the neck, thoracic, lumbar areas, bilateral knees, and upper and lower extremities. One report from 7/26/13 mentions the patient being involved in motor vehicle accident with increased symptoms, particularly left leg, headache and left eye pain. On 9/3/13, an EMG/NCV studies of the lower extremity were performed with normal findings. The patient had an MRI on bilateral peroneal, tibial, and sural nerves. There was no significant difference between the two sides, and findings were within the normal range. No previous therapy reports were provided. [REDACTED] is requesting 12 sessions of aquatic therapy 2 times a week for 6 weeks for the lumbar spine and lower leg. The utilization review and determination being challenged is dated 1/31/14 and recommends denial of the physical therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 12/6/13 to 5/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 12 SESSIONS OF AQUATIC THERAPY, (2) TIMES A WEEK FOR (6) WEEKS FOR THE LUMBAR SPINE AND LOWER LEG:
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 Physical Medicine Guidelines Page(s): 22, and 98-99.

Decision rationale: This patient presents with pain involving the neck, low back, both knees, upper extremities, thoracic spine strain, lumbar spine strain with radiculopathy, left knee strain, right knee surgery, and left hip strain. The request is for 12 sessions of aquatic therapy 2 times a week for 6 weeks for the patient's lumbar spine and lower leg per utilization review letter 1/31/14. Review of the report from 5/15/13 states that patient estimated his own weight at 175 pounds and height as 5'3". Review of the reports shows that the treating physician has asked for therapy on nearly all of the visits from 5/24/13 to 12/30/13. The utilization review letter references request from 12/30/13 progress report, but this report is not available for this review. Review of the RFA (request for authorization) shows that ██████████ requested 12 sessions of aqua therapy, but RFA by the treating physician from 12/11/13 has a request for aqua therapy 1 x6 plus physical therapy 1 x 6. There were no therapy reports provided for review. Careful review of all progress reports from 5/24/13 to 12/6/13 does not show discussion regarding the patient's therapy history. The initial report from 5/24/13 states that the patient has had "physical modalities" in the past. Review of the report from 5/29/13 showed lower back pain is constant and radiates to his legs. Sitting and standing aggravates pain. On 5/8/13, ██████████ recommended PT twice a week for 6 weeks. On 7/30/13, ██████████ review of patient's medical records showed that on 1/19/2012, a prior physical had recommended physical therapy. However, there are no records to show that patient underwent recommended physical therapy. The request was denied by the utilization review letter dated 1/31/14 because "There is no specific medical rationale for reduced weight bearing exercise or [aquatic] therapy presented." MTUS guidelines pages 22 states that aquatic therapy is recommended where reduced weight bearing is desirable, for example extreme obesity. But regular exercise and higher intensities may be required to preserve those gains. Also, MTUS pg 98, 99 states that active therapy is required to preserve most of these gains. MTUS also recommends 9-10 sessions of therapy for myalgia/myositis, and neuritis type of conditions. In this case, there is no documentation of extreme obesity and the requested number of treatments exceeds what is allowed by MTUS for this type of condition. The treating physician does not explain why this patient needs aqua therapy. The patient is not extremely obese, has no records of land-based physical therapy, and has not proven capacity to undergo the active therapy required to maintain benefits of aqua therapy. In this case, the treating physician has asked for 12 sessions of therapy for the patient's lumbar spine. Recommendation is for denial. The request for Aquatic Therapy is not medically necessary and appropriate.