

Case Number:	CM14-0016757		
Date Assigned:	04/11/2014	Date of Injury:	01/19/2012
Decision Date:	07/03/2014	UR Denial Date:	01/29/2014
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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 46-year-old female who reported an injury on 01/19/2012 due to a slip and fall. The clinical note dated 09/03/2013 noted the injured worker presented with low back pain and bilateral leg pain. She stated that she has occasional numbness and tingling in her toes and lateral ankles and feet. Upon examination of the lumbar spine, there was diffused tenderness to palpation moderately across the lumbosacral area over the paraspinal musculature from L2 to L5 and over the bilateral sacroiliac (SI) joints and a positive bilateral straight leg raise. There was a 75% restriction on lumbar flexion, 90% restriction on lumbar extension, and 30% restriction on lumbar rotation. An undated MRI (magnetic resonance imaging) study indicated marked degenerative disc disease and at L5-S1 with slight posterior L5-S1 disc protrusion with facet joint degenerative change at the lower lumbar level. The diagnoses were lumbar degenerative disc disease at L5-S1, lumbar radiculopathy in the L5-S1 dermatome, lumbar facet arthrosis, possibly the main pain generator in the lumbar spine, and myofascial pain problems. The treatment plan included continuation with all conservative treatment measures including ice, heat, rest, ergonomic positioning, and gentle exercising and stretching as tolerated, and continuation of all medications as prescribed with the inclusion of Elavil 10mg by mouth for sleep. Previous treatment included Ultracet which she discontinued because it made her feel intoxicated and sleepy and it possibly irritated her stomach. She also has a history of attending physical therapy and acupuncture. The provider has recommended physical therapy with aquatic therapy with 4 visits and occupational functional capacity evaluation. The provider's rationale was not included. The Request for Authorization form was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WITH AQUATHERAPY, 4 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2008)), pg. 94, Section Aquatic Therapy, and Non-MTUS: Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The request for physical therapy with aqua therapy for 4 visits is non-certified. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy and as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. Water exercise improves the components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The included documentation does not indicate significant objective examination findings to support aquatic therapy. There is no indication that the injured worker is in need of reduced weight-bearing exercise. The included documentation does not include a diagnosis of fibromyalgia. As such, the request is non-certified.

OCCUPATIONAL FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines definition. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cornerstones of Disability, Fitness for Duty.

Decision rationale: The request for an occupational functional capacity evaluation is non-certified. The CA MTUS/ACOEM states that a functional capacity evaluation (FCE) may be necessary to obtain a more precise delineation of the injured worker's capabilities that is available for routine physical examination, under some circumstances. This can thus be done by ordering a FCE of the injured worker. The Official Disability Guidelines (ODG) recommends a FCE be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. The FCE is not recommended as a routine use, as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job generally. The documentation provided does not state how the FCE will aid in the injured worker's treatment plan and goals. There is a lack of findings upon physical examination demonstrating significant functional deficit. There is also a lack of documentation of other treatments the injured worker underwent previously and the

measurement of progress as well as the efficacy of the prior treatments. There is a lack of documentation that the injured worker has failed an attempt at work to warrant an FCE at this time to determine restrictions. The provider's rationale for the request was not provided within the medical documents. The guideline recommendations were not met for an FCE. Therefore, the request is non-certified.