

Case Number:	CM14-0018447		
Date Assigned:	04/18/2014	Date of Injury:	03/04/2009
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 61 year old female who was injured on 03/04/2009 while unloading some heavy plywood of pain at the school when she felt increased back pain. Prior treatment history has included physical therapy, which helped, as well as aquatic therapy. She continued with exercises she received in therapy. She tries to work out and walk for exercise. She has also received three injections to her low back. The physical therapy note dated 01/27/2013 documented that the patient was complaining of her back pain returning with increased pain down her right leg and buttocks. She has stairs at her home and is having trouble using her right leg to push up the steps. Reason for Referral: The reason for referral to therapy was to eliminate or reduce the patient's symptoms. Improve her ability to perform normal ADLs and to return the patient to normal recreational activities. Also teach the patient a home exercise program. Functional Level: Bending and stooping: moderate restriction. Carrying, moving and handling objects: Moderate difficulty. Mobility, walking and moving around: Moderate difficulty. Standing Tolerance: Able to stand 10-15 minutes without significant pain. Housework: Patient is having difficulty performing basic household duties. Ambulation Tolerance: Able to walk without significant pain for 15-30 minutes. Active ROM Rating: Moderate restriction. Core Strength: Fair. Diagnosis: Poor core strength. Lumbar strain/sprain. Rehabilitation potential excellent. The progress note dated 11/05/2013 documents the patient is in for follow-up. She says she relies on amitriptyline, Cymbalta and Celebrex for relief. She says she is better the first 3 days of the week and feels worse the last two days. She says traveling is hard due to back pain while sitting in a car. She wants to return to swimming exercise and needs help with a membership to the YMCA. She complains of neck pain due to compensating for back pain. Objective findings on exam reveal her weight 243 pounds, height 73 inches. Her BMI is 32.1 kg/m². She is tall, slightly overweight. Painful posterior neck muscle to palpation. Her back is

straight with normal lordotic curve. Holds back stiffly. No paraspinous muscle tenderness or spasm. Tender L5-S1 interspace. There is decreased sensation in feet and toes, especially left foot. Neuro exam reveals 4+ anterior tibial and ext hallucis longus left. The others are 5+. Assessment: Lumbar disc disease. The physical therapy follow up note dated 01/21/2014 reveals neuro exam is unchanged. The physical therapy progress note dated 01/24/2014 states the patient has completed 12 visit on her current Rx. Current treatment includes: 1) Aquatic stabilization, aquatic strengthening therapy and aquatic core stabilization. 2) Body mechanic education, functional activity training, gait training. 3) HEP. Subjectively her low back is feeling better since attending therapy. She is able to perform aquatic therapy without increased low back pain. She was only able to perform 30 minutes without increased back pain when she started. She is now able to perform 1 hour. She is still struggling carrying materials for her art classes. She states she is unable to push a cart. Objective findings on exam reveal lumbar range of motion minimally impaired. I would like to keep progressing the patient in functional activity training and core stability exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF ADDITIONAL AQUATIC THERAPY FOR THE LUMBAR SPINE (2 X PER WEEK FOR 6 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY PHYSICAL MEDICINE, 22 98-99.

Decision rationale: According to the CPMTG, Aquatic therapy is "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." Further, the guidelines state that a program should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The recommended number of physical medicine visits is 8-10 visits over 4 weeks which this patient has already exceeded. Based on the lack of documented functional improvements and the quantity requested, the recommended treatment is not medically necessary.