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| Case Number: | CM14-0111855 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 09/19/2011 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 07/17/2014 |

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 Management 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 September 19, 2011. A utilization review determination dated July 9, 2014 recommends non certification of aquatic therapy for the cervical and lumbar spine for 6 visits. Non certification was recommended due to a lack of clarity as to why aquatic therapy would be needed for this particular patient. An aquatic therapy treatment note dated January 2, 2014 recommends improving body mechanics so that the patient can accomplish her goal of hiking 2 miles by February. The therapy note dated January 3, 2014 indicates that this was the 34th therapy session for this patient. A progress note dated June 13, 2014 identifies subjective complaints of persistent upper back pain and low back pain. The patient is using gabapentin, Marinol, and Zofran. The patient is not attending physical therapy. Objective examination findings reveal tenderness over the paraspinous musculature of the cervical and lumbar spine with reduced range of motion in the cervical and lumbar spine. Sensory and motor testing is normal. Diagnoses included post-traumatic stress disorder, chronic pain syndrome, right lower extremity complex regional pain syndrome, cervical disc protrusion, L4-5 disc protrusion with right lower extremity radiculopathy, bilateral shoulder strain, bilateral wrist strain, bilateral knee strain, and possible fibromyalgia. The treatment plan recommends 6 visits of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, Cervical Spine and Lumbar Spine X6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy, 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 statement indicating why the patient would require reduced weight-bearing exercise. Additionally, reduced weight-bearing exercise is usually recommended for knee or low back problems, but not generally utilized for cervical complaints. The requesting physician has not stated why aquatic therapy would be indicated for this patient's current cervical complaints. Furthermore, there is no indication as to how many physical therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.