

Case Number:	CM14-0116297		
Date Assigned:	08/06/2014	Date of Injury:	08/09/2012
Decision Date:	09/25/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/24/2014

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 Family 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 57 year old female patient who reported an industrial injury to the back on 7/25/2003, over 11 years ago, attributed to the performance of her job tasks reported as a roller bag falling from an overhead compartment causing injury to her neck, left shoulder, upper back, left wrist, and hand the patient was treated with physical therapy, medications, injections/blocks, and surgical intervention. The treating diagnoses include chronic pain; nerve root and plexus disorders, brachial plexus lesion, lumbosacral plexus lesion; cervical root lesion; carpal tunnel syndrome; lesion of ulnar nerve; shoulder pain; thoracic and lumbar disc displacement; cervical disc degeneration; and adhesive capsulitis of the shoulder. The patient complained of neck and upper extremity pain. There were no objective findings documented on examination. The patient was prescribed Ambien, Lyrica, Ultram ER, Protonex, cyclobenzaprine and Celebrex. The treatment plan included 12 sessions of aquatic physical therapy directed to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for Lumbar Spine X12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers Compensation, Online Edition Chapter Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203-04; 299-300, Chronic Pain Treatment Guidelines Physical Medicine ; Aquatic Therapy Page(s): 98; 22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114; Official Disability Guidelines (ODG) lower back section--PT; knee section--PT;.

Decision rationale: The patient has received prior sessions of physical therapy and has exceeded the recommendations of the CA MTUS. There is no rationale to support additional PT over the number of sessions recommended by the CA MTUS. The additional sessions are significantly in excess of the number of sessions of PT recommended by the CA MTUS. There is no demonstrated medical necessity for continued PT as maintenance care 11 years after the DOI. There was no performed physical examination and no documented objective findings to support the medical necessity of aquatic therapy directed to the lumbar spine. The provider fails to document any objective findings on examination other than TTP and decreased ROM. There is no muscle atrophy; weakness; or neurological deficits to warrant the provision of additional PT. The patient should be in a self-directed home exercise program as recommended without the necessity of additional PT or professional supervision. The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar spine for sprain/strains, degenerative disc disease, or lumbar radiculopathies. The patient has exceeded the recommendations of the CA MTUS. There is no objective evidence or findings on examination to support the medical necessity of additional PT. The patient was some restrictions to ROM but has normal strength and neurological findings. There is no provided objective evidence that the patient is unable to participate in a self-directed home exercise program for continued conditioning and strengthening. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of unspecified sessions of physical therapy/aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lower back pain. There is no provided objective evidence that the patient is precluded from performing a self-directed home exercise program for further conditioning and strengthening for the back and bilateral lower extremities. The patient is not demonstrated to not be able to participate in land-based exercises. There is no provided objective evidence to support the medical necessity of the requested additional aquatic therapy for the treatment of the back and lower extremities in relation to the effects of the industrial injury. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lumbar spine. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of aquatic therapy or pool therapy for the cited diagnoses. There is no objective evidence to support the medical necessity of aquatic therapy over the recommended self-directed home exercise program. The use of pool therapy with no evidence of a self-directed home exercise program is inconsistent with evidence-based guidelines. There is no demonstrated medical necessity for the requested 12 sessions of aquatic therapy directed to the lumbar spine.