

Case Number:	CM14-0151574		
Date Assigned:	09/19/2014	Date of Injury:	12/17/2009
Decision Date:	10/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational 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:

The injured worker is a 53 year old female who was injured on 12/17/2009. The mechanism of injury is unknown. Prior treatment history has included aquatic therapy which has been beneficial in the past. Medical re-evaluation dated 07/22/2014 states the injured worker presented with complaints of right wrist pain but is improving as it is well-controlled with her medications. She also reported worsening neck and low back pain. She stated she has had aqua therapy in the past which has helped more so that regular physical therapy. On exam, she had an antalgic gait and ambulated with a cane. She had tenderness to palpation with spasm of the bilateral upper trapezius muscles and the suboccipital. The lumbar spine revealed limited range of motion secondary to pain. There was paraspinal tenderness with spasm and hypesthesia of the right posterior thigh. The injured worker is diagnosed with lumbar spine disc protrusions, lumbar radiculopathy, degenerative disk disease of the lumbar spine, and lumbar stenosis. The injured worker was recommended for aqua therapy twice a week for 6 weeks for the low back as well as range of motion and muscle strength testing. Prior utilization review dated 09/09/2014 states the request for Aquatic therapy to treat the low back 2 times per week for 6 weeks is denied as there is no documented evidence to support the request; and computerized range of motion testing and muscle testing is not certified as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy to Treat the Low Back 2 Times per Week for 6 Weeks: 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 Aquatic Therapy; Physical Medicine Page(s): 22, 98-99.

Decision rationale: According to MTUS guidelines, 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. For recommendations on the number of supervised visits, see Physical medicine." In this case a request is made for 12 visits of aquatic therapy for a 52-year-old female with chronic low back pain status post lumbar fusion among other musculoskeletal complaints. However, medical records do not establish the need for reduced weight bearing nor is clinically significant functional improvement evident from prior aquatic therapy. The number of requested visits exceeds guideline recommendation for acute exacerbations. Therefore, the request for Aquatic Therapy to Treat the Low Back 2 Times per Week for 6 Weeks is not medically necessary as the medical necessity has not been established.

Computerized Range of Motion Testing and Muscle Testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Physical Therapy/Flexibility, Knee & Leg-Computerized Muscle Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility; Knee And Leg, Computerized Muscle Testing.

Decision rationale: This is a request for computerized range of motion and muscle testing. However, according to ODG guidelines, flexibility is "not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent.... The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers and where the result (range of motion) is of unclear therapeutic value...." With regard to computerized muscle testing, ODG guidelines do not recommend it. "There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test." The

request for Computerized Range of Motion Testing and Muscle Testing is not medically necessary as the medical necessity has not been established.