

Case Number:	CM14-0151592		
Date Assigned:	09/29/2014	Date of Injury:	10/28/2010
Decision Date:	10/31/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/17/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 58-year-old male with a reported dated of injured worker on 10/28/2010. The injury reportedly occurred when the injured worker attempted to break up a fight between 2 coworkers. His diagnoses were noted to include multiple contusions, low back strain, temporomandibular joint arthralgia, contusion of the face, left elbow, and left eye. His previous treatments were noted to include epidural steroid injection, sacroiliac injections, and physical therapy. The progress note dated 07/3/2014, revealed complaints of pain to the right low back and the sacroiliac joint. The injured worker complained of radicular pain in the right leg. The physical examination revealed exquisite tenderness in to the right sacroiliac joint, and the range of motion of the thoracolumbar spine was limited. The injured worker was able to forward flex to approximately 45 degrees and extend to 10 degrees, and lateral bending was limited to 15 degrees. There was a positive straight leg raise produced to the right lower extremity. The motor examination was felt to be normal in all major muscle groups and the sensory examination was normal. The Request for Authorization form dated 07/03/2014 was for aquatic physical therapy 2 times 4 to the lumbar spine; however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy 2 x 4, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for aquatic physical therapy 2 times 4 to the lumbar spine is not medically necessary. The injured worker has had previous lumbar surgery and injections. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, is 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. The guidelines recommend for myalgia myositis 9 to 10 visits over 8 weeks. The documentation provided indicated the injured worker had performed a form of physical therapy. However, there is a lack of documentation regarding quantifiable objective functional improvements with previous physical therapy, and the guidelines recommend aquatic therapy for the need of reduced weight bearing exercises, for example extreme obesity. There is a lack of documentation regarding the need for reduced weight bearing exercises in regards to a surgery or the injured worker having extreme obesity. Therefore, the request is not medically necessary.