

Case Number:	CM14-0156151		
Date Assigned:	09/25/2014	Date of Injury:	03/30/2013
Decision Date:	11/12/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/23/2014

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 & 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:

This 34 year-old patient sustained an injury on 3/30/13 while employed by [REDACTED]. Request(s) under consideration include Aquatic Therapy 2x/wk x 5wks/ 10 sessions. Electrodiagnostic study of 7/9/13 was normal without evidence of lumbar radiculopathy or peripheral neuropathy. MRI of lumbar spine dated 7/5/13 showed multilevel disc degeneration; small disc fragment at L5-S1 with mild bulges and neural foraminal narrowing at L4-S1. Conservative care has included medications, therapy, psychological evaluation, and modified activities/rest. Report of 8/13/14 from the provider noted the patient with ongoing chronic low back pain with associated stiffness and weakness in the thoracic and lumbar spine; sleep issues and stress. Exam showed unchanged findings of diffuse thoracic and lumbar spine decreased range of motion with diffuse decreased 4/5 motor strength. The request(s) for Aquatic Therapy 2x/wk x 5wks/ 10 sessions was denied on 8/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 X wk X 5 wks/ 10 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Page(s): pages 98-99.

Decision rationale: The patient has recently completed 6 sessions of aquatic therapy without demonstrated functional improvement and in fact, noted increased symptom complaints. Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aquatic Therapy 2x/wk x 5wks/ 10 sessions is not medically necessary and appropriate.