

Case Number:	CM14-0025985		
Date Assigned:	06/13/2014	Date of Injury:	10/27/1999
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 date of injury on 10/27/1999. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with continued low back pain, rated at 8/10. Upon physical examination, the injured worker's cervical spine revealed to be restricted to left at thirty (30) degrees and right at seventy-five (75) degrees. According to the clinical documentation, the injured worker previously had spinal cord stimulator implanted, and reports good stimulation and reduction in pain. The lumbar range of motion is restricted to twenty-five (25) degrees in extension, and fifty (50) degrees in flexion. According to the clinical documentation dated 09/05/2013, the injured worker attended previous physical therapy, the results of which were not documented within the clinical information provided for review. The injured worker's diagnoses included right L5 radiculopathy, multilevel fusion, lumbar fusion, depression, gastritis, falling episodes due to radiculopathy, left wrist pain, headaches, and sleep impairment. The injured worker's medication regimen included Lortab, Avinza, Lunesta, Cymbalta, and Midrin. The request for authorization for twenty-four (24) weekly sessions of aquatic therapy with physical therapy supervision was submitted on 02/26/2014. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY-FOUR (24) WEEKLY SESSIONS OF AQUATIC THERAPY WITH PHYSICAL THERAPY (PT) SUPERVISION: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy, as 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. The guidelines recommend eight to ten (8-10) visits over a four (4) week period. The clinical information provided for review lacks documentation related to previous physical therapy. In addition, the documentation lacks information related to the need for minimizing the effects of gravity. There is a lack of documentation related to the injured worker being obese. In addition, the request for twenty-four (24) sessions exceeds the recommended guidelines. Therefore, the request is not medically necessary.