

Case Number:	CM14-0026210		
Date Assigned:	06/13/2014	Date of Injury:	02/04/2013
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 61 year-old patient sustained an injury on 2/4/13. Request(s) under consideration include Aquatic Therapy Two Times A Week For Four Weeks Lumbar Spine. Report of 12/17/13 from the provider noted the patient with complaints of upper and low back pain rated at 7/10 radiating to hips associated with numbness and tingling in the right leg. Exam showed tenderness to palpation of paravertebral region with guarding and spasms; trigger points in lumbar paraspinal muscles; motor testing with 4/5 diffusely; range restricted with pain; lumbar flex/ext/lateral bending 50/15/15 degrees; neurological exam within normal limits. Report of 1/22/14 noted unchanged chronic low back pain symptoms with same tenderness of lumbar spine. Diagnoses include lumbar sprain/strain/ intervertebral disease displacement. Request(s) for Aquatic Therapy Two Times A Week For Four Weeks Lumbar Spine was non-certified on 2/12/14 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 TWO TIMES A WEEK FOR FOUR WEEKS LUMBAR SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise; Physical Therapy Page(s): 46-47; 98-99.

Decision rationale: This 61 year-old patient sustained an injury on 2/4/13. Request(s) under consideration include aquatic therapy two times a week for four weeks lumbar spine. Report of 12/17/13 from the provider noted the patient with complaints of upper and low back pain rated at 7/10 radiating to hips associated with numbness and tingling in the right leg. Exam showed tenderness to palpation of paravertebral region with guarding and spasms; trigger points in lumbar paraspinal muscles; motor testing with 4/5 diffusely; range restricted with pain; lumbar flex/ext/lateral bending 50/15/15 degrees; neurological exam within normal limits. Report of 1/22/14 noted unchanged chronic low back pain symptoms with same tenderness of lumbar spine. Diagnoses include lumbar sprain/strain/ intervertebral disease displacement. Review indicated the patient has completed physical therapy and has had 8 aquatic therapy visits authorized to date without demonstrated improvement. 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 Two Times A Week For Four Weeks Lumbar Spine is not medically necessary and appropriate.