

Case Number:	CM14-0042129		
Date Assigned:	06/30/2014	Date of Injury:	09/29/2010
Decision Date:	12/23/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/09/2014

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 Emergency 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:

Patient has a reported date of injury of 9/29/2010. Mechanism of injury is claimed to be due to cumulative trauma. Patient has a diagnosis of cervical radiculopathy, lumbar facet syndrome, spinal stenosis, knee pain, shoulder pain and pain to lower leg. Medical reports reviewed. Last report available was 2/10/14. Patient complains of low back, R shoulder and bilateral knee pain. Pain is diffuse, ranging from 5-8/10. Also has bilateral wrist pain and tingling. Patient uses a wheelchair and cane at home. Objective exam reveals patient in poor hygiene. Antalgic gait assistant by wheelchair. Cervical spine exam reveals limited range of motion (ROM) in all planes, paraspinal tenderness with spasms, positive Spurling's. Lumbar exam also has limited ROM with tenderness and spasms. Straight leg raise is negative. Shoulder exam was benign with some limitation in flexion. Hawkins and Neer test were positive. Knee exam reveals R knee contracture with 20degree extension. ROM is limited. Strength is diffusely decreased and limited by pain. Physical therapy via aqua therapy was requested since it reportedly improved pain in the past. Patient had completed 2 or 6 aqua therapy sessions on visit on 2/10/14 and requesting more since it reportedly is helping with pain. However, at the same time there is a request for an electric wheelchair due to "increased bilateral shoulder pain." MRI of Cervical spine (8/30/11) reveals C3-4 with degenerative spondylolisthesis with severe central canal stenosis and severe right sided neuroforaminal stenosis; diffuse C4-7 with disc osteophyte complex with central canal stenosis and neuroforaminal stenosis. MRI of Lumbar spine(8/30/11) reveals L2-3 4mm circumferential bulge with severe subarticular recess stenosis and mild bilateral neuroforaminal stenosis; L4-5 with mild central canal stenosis and severe subarticular recess stenosis and L5-S1 with 3mm disc protrusion with severe R subarticular recess stenosis. MRI of R shoulder (10/4/11) revealed biceps tear, supraspinatus tear, subscapularis tendinosis and tenosynovitis of biceps tendon. MRI of right knee (3/23/11) revealed medial meniscus tear, anterior horn tear of

lateral meniscus, ACL tear, and moderate degenerative disease. Injured worker has received prior TENS, physical therapy, steroid injections, physical therapy in the past. Independent Medical Review is for 6 additional sessions of Aqua therapy for neck, low back, bilateral knees and R shoulder. Prior UR on 2/14/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional sessions of aqua therapy for the neck, low back, bilateral knees and right shoulder: 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 Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines, Aquatic therapy may be recommended as an optional form of exercise and/or physical therapy where patient is not able to tolerate land based therapy. Patient meets criteria for aqua therapy due to knee problems and low back problems. PT via aqua therapy was requested since it reportedly improved pain in the past. Patient had completed 2 or 6 aqua therapy sessions on visit on 2/10/14 and requesting more since it reportedly is helping with pain. However, at the same time there is a request for an electric wheelchair due to "increased bilateral shoulder pain." As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. However guidelines recommend additional sessions only with documentation of objective improvement. The provider has failed to provide any documentation to support additional physical therapy. Maximal number of sessions is also for not more than 10 sessions. Patient already has 6 sessions ordered. The documentation does not support additional therapy and the number requested does not meet guidelines. Additional aquatic therapy sessions are not medically necessary. The documentation does not support additional therapy and the number requested does not meet guidelines. Additional Aquatic Therapy sessions is not medically necessary.