

Case Number:	CM14-0047483		
Date Assigned:	07/02/2014	Date of Injury:	08/16/2007
Decision Date:	08/06/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/15/2014

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 52 year-old patient sustained a low back injury on 8/16/07 while employed by The [REDACTED]. The request under consideration include one (1) year of water therapy, low back. Conservative care over the past almost 7 years includes aquatic therapy, medications, activity modification/rest, and radiofrequency Neurotomy (undated). However, the patient has remained symptomatic with chronic low back pain. Report of 12/4/13 noted patient with low back and left hip pain following lumbar radiofrequency. Exam noted patient weighing 131 pounds with antalgic gait and tenderness with lumbar motion. Diagnoses included left lumbar facet pain and left piriformis syndrome. Xrays of left hip dated 3/3/14 noted minimal degenerative spurring of acetabulum, unchanged. Report of 3/13/14 noted patient with continued pain rated at 7/10. An exam showed tenderness over greater trochanter and SI joint; negative SLR; positive left Faber's. Diagnoses were left hip pain secondary to arthritis. Treatment plan was for 1 year of water therapy for low back. The request for one (1) year of water therapy, low back was not medically necessary on 4/10/14 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:

one (1) year of water therapy, low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and physical medicine Page(s): 22 and 99.

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

Decision rationale: This 52 year-old patient sustained a low back injury on 8/16/07 while employed by [REDACTED]. The request under consideration include one (1) year of water therapy, low back. Conservative care over the past almost 7 years includes aquatic therapy, medications, activity modification/rest, and radiofrequency Neurotomy (undated). However, the patient has remained symptomatic with chronic low back pain. Report of 12/4/13 noted patient with low back and left hip pain following lumbar radiofrequency. Exam noted patient weighing 131 pounds with antalgic gait and tenderness with lumbar motion. Diagnoses included left lumbar facet pain and left piriformis syndrome. Xrays of left hip dated 3/3/14 noted minimal degenerative spurring of acetabulum, unchanged. Report of 3/13/14 noted patient with continued pain rated at 7/10. Exam showed tenderness over greater trochanter and SI joint; negative SLR; positive left Faber's. Diagnoses were left hip pain secondary to arthritis. Treatment plan was for 1 year of water therapy for low back. 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 one (1) year of water therapy, low back is not medically necessary and appropriate.