

Case Number:	CM14-0058516		
Date Assigned:	07/09/2014	Date of Injury:	06/08/2011
Decision Date:	08/11/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 49-year-old female with a reported date of injury on 06/08/2011. The mechanism of injury was noted to be a trip on a rubber mat. Her diagnoses were noted to include lumbar spine disc degeneration through L4-5 with facet degeneration L4-5 and L5-S1 with spondylolisthesis and facet arthropathy, DeQuervain's tendonitis to the right wrist. Her previous treatments were noted to include chiropractic therapy, epidural steroid injection, facet ablations, and aquatic therapy. The progress note dated 02/27/2014 revealed the injured worker complained of lumbar pain and described as achiness in the buttocks area. The physical examination revealed tenderness to palpation of the upper arms, chest, both anteriorly and posteriorly, and the cervical spine revealed no evidence of tenderness. Both upper extremities were nontender including elbows, forearm, wrists, and hands. Muscle strength was noted to be 5+ and symmetric to the back and lower extremity musculature including back extensors, abdominal flexors, hips, knees, ankles and toes. The neurological examination revealed deep tendon reflexes were 2+ and symmetrical at the biceps, triceps, and brachioradialis. The sensation to pinprick was present throughout both upper extremities. The examination to the back and lower extremities revealed tenderness from percussion over the lower lumbar area. The sciatic notches were tender bilaterally with deep fingertip pressure. During the course of the examination, the injured worker complained of severe Charlie horse back pain because of laying on her back. For lumbar flexion, the T12 range of motion was to 60 degrees minus sacral range of motion 20 degrees, with the maximum true lumbar flexion angle to 40 degrees. The extension was to 20 degrees, left lateral bending was to 30 degrees, right lateral bending was to 30 degrees, and the injured worker was able to reach within 8 inches of the floor with knees extended with pain at the endpoint. The straight leg raise test was negative and the injured worker was unable to perform the Lasegue's or FABERE test due to a Charlie horse when in the supine position. The deep tendon reflexes were

absent at the patella and Achilles. Sensation to pinprick was present throughout both lower extremities. The aquatic therapy notation indicated the injured worker had not been consistent with aquatic therapy due to dealing with a couple of deaths in the family and only came 3 times since the progress note in November. Since missing physical therapy, she noticed increased low back pain. The Request for Authorization form was not submitted within the medical records. The request was for pool therapy (unspecified amount), for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy (unspecified amount): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Aquatic Therapy.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The MTUS guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. In this case, the documentation provided did not indicate the injured worker required reduced weight bearing exercises to warrant aquatic therapy. There is a lack of documentation regarding quantifiable objective functional improvement from past aquatic therapy, as well as an unknown number of aquatic therapy sessions completed. Therefore, despite the current measurable objective functional deficit regarding range of motion and motor strength, due to the lack of documentation regarding quantifiable objective functional improvements and the number of previous sessions completed, pool therapy is not warranted at this time. Additionally, the request failed to provide the number of sessions requested. Therefore, the request pool therapy (unspecified amount) is not medically necessary and appropriate.