

Case Number:	CM14-0063450		
Date Assigned:	07/11/2014	Date of Injury:	07/09/2006
Decision Date:	08/22/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/06/2014

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 Preventive 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:

According to the records made available for review, this is a 54-year-old female with a 7/9/06 date of injury, status post L4-5, L5-S1 decompression with posterior interbody fusion in March 2007, status post lumbar hardware removal (11/14/08), and status post anterior cervical decompression and fusion from C5 to C7 (11/9/11). At the time (3/25/14) of request for authorization for aquatic therapy, there is documentation of subjective (constant neck pain that varies from 7-9/10 without medications, worsening of pain, numbness and weakness of bilateral upper extremities, constant lower back pain that varies from 6-8/10 without medications and sometimes increases in severity to 10/10, and pain and numbness in bilateral lower extremities, right greater than left) and objective (height 5 feet 2 inches, weight 134 pounds (body mass index 24.5), cervical flexion 40 degrees, extension 30 degrees, right and left lateral flexion 30 degrees, right rotation 70 degrees and left rotation 60 degrees, lumbar flexion 70 degrees, extension 20 degrees, right lateral flexion 30 degrees, left lateral flexion 30 degrees, right rotation 20 degrees, and left rotation 30 degrees, multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature and gluteal muscles, ambulates with cane, Romberg positive, sensation to fine touch and pinprick decreased in lateral aspect of right thigh and calf areas, 1st, 4th, and 5th digits of left hand, 3rd, 4th, and 5th digits of right hand and lateral aspect of right arm, proximal muscles of bilateral arms weak at +4/5 on right and -5/5 on left, grip strength diminished in bilateral hands at +4/5, and bilateral biceps, bilateral brachioradialis and right knee jerks hypoactive bilaterally) findings, current diagnoses (status post surgery to cervical spine in 2011 with intractable pain, status post failed back surgery in 2007 with intractable pain, and worsening of pain, numbness and weakness of bilateral upper extremities), and treatment to date (aquatic therapy (at least 22 sessions to date)). A 10/15/07 medical report identifies patient reports improved lumbar spine flexibility and improved exercise

tolerance, improved activities of daily living tolerance on the days she goes to the pool, and able to tolerate household activities with greater ease. There is no documentation that reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Aquatic therapy Page(s): 98, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. Within the medical information available for review, there is documentation of diagnoses of status post surgery to cervical spine in 2011 with intractable pain, status post failed back surgery in 2007 with intractable pain, and worsening of pain, numbness and weakness of bilateral upper extremities. In addition, given documentation of previous aquatic therapy with improved lumbar spine flexibility and improved exercise tolerance, improved activities of daily living tolerance on the days she goes to the pool, and able to tolerate household activities with greater ease, there is no documentation of functional benefit and improvement as an increase in activity tolerance as a result of aquatic therapy provided to date. However, there is documentation of 22 previous aquatic therapy sessions to date, which exceeds guidelines. In addition, there is no documentation that reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). Therefore, based on guidelines and a review of the evidence, the request for Aquatic Therapy is not medically necessary.