

Case Number:	CM14-0082210		
Date Assigned:	08/01/2014	Date of Injury:	02/14/2006
Decision Date:	11/03/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/03/2014

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 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:

The patient is a 55 year-old male. The date of injury is February 14, 2006. Diagnoses were status-post anterior/posterior decompression and instrumented fusion at L5-S1 on May 9, 2013; thoracic/lumbar disc degenerative; cervical spondylosis; and left shoulder impingement. Most recent evaluation took place on April 14, 2014. The patient complains of intermittent low back pain. Physical exam reveals decreased lumbar range of motion; there is guarding with motion; muscle spasms are present. Current medications include Norco and Soma. It is noted that the patient's symptoms are improving, and he is attempting to wean off his pain medications. However, he experiences fatigue easily and has difficulty with activities of daily living. Provided documents include a UR dated December 12, 2013 that highlights the patient has completed 24 postoperative land-based physical therapy visits without noting significant functional impairment in previous progress notes. On November 4, 2013, the patient was seen in follow-up by his spine the surgeon. The surgeon notes that the patient was 6 months status post his lumbar fusion and was seen in a routine follow-up. He notes that the patient was in physical therapy and felt that he was doing well and improving. The patient wishes to continue physical therapy. No neurological deficits were noted. Overall, the surgeon felt the patient was doing well and improving. The patient showed interest in aquatic therapy; therefore, the surgeon requested it. Orthopedic surgeon progress note dated January 20, 2014 reports that the patient is getting better and is happy with his progress. His back pain has improved significantly, however he does complain of neck pain. The patient is requesting to cut down on his Norco and stop his Neurontin. He is interesting in being started on Naprosyn. He has no active complains. He is able to walk on tip toes and heels and do a squat. No clonus. Deep tendon reflexes are 2/4 for bilateral knees and bilateral ankles. The plan is to cut Norco down to TID and Neurontin will be stopped. The patient will be started on Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy 3 times weekly for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine; Page(s): 22; and 98-99.

Decision rationale: California MT US guidelines regarding aquatic therapy state "recommended as an optional form of exercise therapy were available, as an alternative to land-based therapy." The injured worker completed 24 land based physical therapy sessions, however there was no quantifying objective functional improvement documented in the medical record. Furthermore aquatic therapy is recommended when "reduced weight-bearing is desirable for example extreme obesity. There is nothing in the medical record that indicates the injured worker had any weight bearing issues. There was no rationale in the medical record as to why supervised physical therapy in any form would be needed versus independent home exercise for activity tolerance, strengthening and increasing range of motion. Additionally, physical medicine guidelines indicate active treatment modalities (exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Physical medicine guidelines allows for "fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home physical medicine". Based on the clinical information in the medical record and the peer reviewed, evidence based guidelines, aquatic therapy 12 visits are not medical necessary.