

Case Number:	CM14-0082659		
Date Assigned:	07/21/2014	Date of Injury:	09/01/2009
Decision Date:	09/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 patient sustained an injury on 9/1/09 while employed by [REDACTED]. Request under consideration include Aqua therapy x6 visits Cervical, Lumbar Spine. Diagnoses included pain in soft tissue of limb; thoracic/ lumbosacral neuritis/ radiculitis. Report of 4/30/14 from the PA provider noted the patient with chronic neck, left shoulder, bilateral wrist, and low back pain. The patient underwent lumbar epidural steroid injection on 10/21/13 with reported 50% improvement; however, pain has now returned. Exam showed antalgic gait; decreased sensation with intact motor strength in extremities. The patient remained not working. Medications list Norco, Ultram, Terocin, Lodine, Zestril, Zantac, Protonix, Celexa, Qvar, Astelin, and Zanaflex. Report of 5/29/14 from the PA provider noted unchanged chronic neck, left shoulder, bilateral wrist, and low back pain rated at 8/10 without medications and 6/10 with meds s/p CESI on 8/12/13 and LESI on 10/21/13. Exam only documented well-developed, well-nourished, no acute distress, alert and oriented, slightly antalgic gait. No musculoskeletal or neurological exam documented/performed. Medications were continued along with TTD status. The request for Aqua therapy x6 visits Cervical, Lumbar Spine was non-certified on 5/15/14 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:

Aqua therapy x6 visits Lumbar Spine: 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 Therapy Page(s): 98-99.

Decision rationale: 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 (range of motion), 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 Aqua therapy x6 visits Cervical, Lumbar Spine is not medically necessary and appropriate.