

Case Number:	CM14-0092735		
Date Assigned:	07/25/2014	Date of Injury:	01/04/2006
Decision Date:	09/26/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Family 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 injured worker is a 62 year old male who was injured on 01/04/06. The mechanism of injury is not described. The injured worker complains of back stiffness, numbness in the bilateral lower extremities, radiating pain in the right lower extremity, weakness in the bilateral lower extremities and hip pain. The injured worker also complains of cervical pain with weakness in the bilateral upper extremities and is status post ACDF at C5-7 performed on 02/01/10 and posterior fusion with instrumentation and ACDF at C3-5 performed on 08/22/13. An MRI of the lumbosacral spine dated 03/18/14 reveals extensive degenerative changes, multilevel central canal is narrowing which is most prominent at L3-4 and notes that far lateral osteophyte/disc protrusions are present at multiple levels and indent the psoas muscle at levels L2-3 and L3-4 and "could" affect the exiting nerve roots at L1-2, L3-4 and L5-S1. X-rays of the cervical spine dated 01/03/14 note the injured worker is status post cervical fusion from C3 through C7 and notes stable position of hardware and stable cervical spinal alignment. The injured worker is diagnosed with degeneration of intervertebral disc of the cervical and lumbar/lumbosacral spines. The injured worker is also diagnosed with diabetes mellitus type II and is noted to be morbidly obese. Treatment has included physical therapy and medication management. An Agreed Medical Evaluation dated 05/29/13 does not make mention of physical therapy or aquatic therapy as components of future medical care. It does note that it would be appropriate for a [REDACTED] to take over responsibilities of medication and follow up care. Clinical note signed by [REDACTED] and dated 06/01/14 provides a treatment plan which includes aquatic therapy 10 sessions followed by 6 months pool access. A request for 6 months pool access was denied by UR dated 06/12/14 citing insufficient information with regard to the planned frequency of use or specific functional goals. This UR includes a summary of a Peer-to-Peer between the reviewer and [REDACTED] which states the injured worker is to be trained for an aquatic program by a therapist first

and then frequency and goals will be determined. It is noted consideration for the access to a pool for six months can be considered based upon documentation of the injured worker's response to the authorized 10 sessions of aquatic therapy and determination of a specific exercise program with functional goals. There are no aquatic therapy notes submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six months pool access QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 7, 22, 98-99.

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

Decision rationale: The request for six months of pool access (QTY 6.00) is not recommended as medically necessary. MTUS supports the use of aquatic therapy where reduced weight bearing is desirable, such as cases of extreme obesity. Records indicate the injured worker is obese. Evidence based guidelines note that aquatic/physical therapy requests should be accompanied by documented therapeutic goals and a clearly defined frequency and duration of treatment. This request was denied by previous UR citing a lack of functional goals and no indication as to the intended frequency of treatment. A peer-to-peer clarified that functional goals and frequency of treatment would be determined by the treating therapist at the conclusion of the previously authorized 10 sessions of aquatic therapy. The previous UR noted consideration for this request may be appropriate pending this missing information. The records submitted for review do not include treatment notes from aquatic therapy and do not reveal the intended frequency or functional goals of the requested six months of pool access. Based on the clinical information provided, medical necessity of six months of pool access is not established. Therefore pool access for six months is not medically necessary.