

Case Number:	CM13-0007262		
Date Assigned:	09/08/2014	Date of Injury:	12/19/2012
Decision Date:	02/20/2015	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehab

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 54-year-old male with date of injury of 12/19/2012. The listed diagnoses from 06/12/2013 are: 1. Longstanding history of low back pain and left leg pain, status post 2. previous injuries in 1990 as well as in 2006, now worsening low back pain and left leg pain, status post significant motor vehicle accident dated 12/19/2012. 2. Lower back pain and left leg pain, buttock, thigh, calf, and plantar foot, most likely secondary to lumbar spondylosis and retrolisthesis about 5 mm on L5-S1 as well as moderate bilateral L5 foraminal stenosis, most likely cause of the left leg pain. 3. Rule out lumbar instability. 4. Chronic history of left thumb numbness, industrially related secondary to significant motor vehicle accident dated 12/19/2012. 5. Inability to flex MCP joint, right index finger, trigger finger as well as significant pain of the ulnar aspect of the small finger MCP joint secondary to motor vehicle accident from 12/19/2012. 6. History of loss of consciousness, status post motor vehicle accident on 12/19/2012 with memory loss, post- concussive headaches. 7. Rule out bilateral upper extremity peripheral neuropathy. 8. Significant lumbar and cervical deconditioning. According to this report, the patient complains of neck pain without radiation to the upper extremities. Over the past months, he has been experiencing progressive worsening of numbness and pain to the left thumb and small finger. He states that his neck pain began to improve after 2 months of conservative treatment. He rates his neck pain 4/10. The patient experiences low back pain, which radiates to the posterior aspect of the left thigh to the calf and bottom of the foot. He has tingling in the same distribution. The patient rates his low back pain 7/10. The examination shows moderate tenderness to palpation of

the cervical paraspinal and upper trapezius muscles. Motor exam of the upper extremities reveal strength of 5/5 and symmetric. Reflexes are 2+ and symmetric. There is numbness to the left thumb and small finger. Mild tenderness to palpation of the lower lumbar spine was noted. Positive straight leg raise on the left. Motor examination reveals 5/5. There is normal sensation to light touch throughout the bilateral lower extremities. Reflexes are 2+ and symmetric. Treatment reports from 01/24/2013 to 02/24/2014 were provided for review. The utilization review denied the request on 07/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Aquatic Therapy Two Times a Week for Three Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with neck and low back pain. The provider is requesting outpatient aquatic therapy 2 times a week for 3 weeks. The MTUS Chronic Pain Medical Treatment Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The records do not show any aquatic therapy reports. However, the UR letter from 07/03/2013 noted that the patient has received 15 aqua therapy visits. It does not appear that the patient has any weight bearing issues, and the treater does not discuss it either. In this case, the requested 6 sessions when combined with the previous 15 that the patient received would exceed guidelines. The request is not medically necessary.