

Case Number:	CM14-0000019		
Date Assigned:	01/10/2014	Date of Injury:	01/15/2013
Decision Date:	12/15/2015	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/31/2013

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66-year-old woman sustained an industrial injury on 1-15-2013. Diagnoses include lumbar spine sprain-strain, thoracic spine sprain-strain, lumbar spine radiculopathy, bilateral shoulder pain, and surgical intervention. Treatment has included oral medications and physical therapy. Physician notes dated 11-20-2013 show complaints of low back pain with radiation to the bilateral feet with numbness and tingling and bilateral wrist pain with heaviness. The physical examination shows lumbar spine with tenderness to the paraspinal muscles, positive straight leg raise to the left posterior thigh. Range of motion is noted to be flexion 30 degrees, extension 10 degrees, right lateral bending 8 degrees, and left lateral bending 12 degrees. The left shoulder shows some tenderness and positive impingement sign. Range of motion is noted to be flexion 150 degrees, extension 40 degrees, abduction 150 degrees, adduction 30 degrees, internal rotation 50 degrees, and external rotation 70 degrees. Recommendations include additional physical therapy, neurology consultation, ultrasound of the left shoulder, aquatic therapy, and follow up in four to six weeks. Utilization Review denied a request for additional physical therapy on 12-26-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional physical therapy/aquatic therapy sessions, 2 times per week for 4 weeks for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in January 2013 when, while walking into a kitchen carrying a tray of dishes, the tray was struck by a door causing her to fall, landing on her left side. In October 2013, recommendations included completing four remaining sessions of therapy and an additional eight therapy sessions of aquatic therapy were requested. When seen, she was having head, neck, bilateral shoulder, and low back pain and discomfort. She had constant numbness and tingling with weakness and spasms. She was having difficulty sleeping. Physical examination findings included decreased cervical, bilateral shoulder, and lumbar range of motion. Cervical compression testing, straight leg raising, and Kemp's testing was positive. Shoulder impingement testing was positive on the left side. She had tenderness throughout the paraspinal muscles and trapezius muscles. Recommendations included a continued home exercise program. Authorization was requested for eight sessions of aquatic therapy for increased range of motion. Aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, if claimant had already benefited from the skilled aquatic therapy treatments provided transition to an independent pool program would be appropriate and would not be expected to require the number of requested skilled treatments. The request does not reflect a fading of skilled therapy services. The additional skilled aquatic therapy is not medically necessary.