

Case Number:	CM14-0200708		
Date Assigned:	12/11/2014	Date of Injury:	11/14/2013
Decision Date:	01/30/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 14, 2013. In a Utilization Review Report dated November 12, 2014, the claims administrator failed to approve request for eight sessions of aquatic therapy for the lumbar spine. The claims administrator referenced progress notes and RFA forms of May 16, 2014, and September 10, 2014, in its determination. The applicant's attorney subsequently appealed. In said May 15, 2014 progress note, the applicant reported ongoing complaints of neck, mid back, wrist, and low back pain. The applicant completed 27 sessions of physical therapy and nine sessions of manipulative therapy at this particular facility, it was acknowledged. 5/5 strength is noted on motor exam. The applicant's gait was not clearly described. MRI imaging of cervical spine, Motrin, Prilosec, acupuncture, continued chiropractic manipulative therapy, and a functional capacity evaluation were sought while the applicant was kept off of work, on total temporary disability. In a progress note dated September 10, 2014, the applicant reported multifocal complaints of neck, low back, and bilateral hand pain with derivative complaints of depression, irritability, and anxiety. The applicant had received 27 sessions of physical therapy, 14 sessions of manipulative therapy and 22 sessions of acupuncture at this particular facility alone. The applicant's gait, once again, was not clearly described. The applicant weighed 150 pounds. Motrin, Prilosec, additional physical therapy, and additional manipulative therapy were sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Aquatic Therapy directed to Lumbar Spine 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 99.

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, in this case, however, it is not clear that reduced weightbearing is, in fact, desirable here. The applicant's gait was not clearly described or characterized on multiple office visits, referenced above, including on May 16, 2014 and September 10, 2014. It is further noted that applicant appears to have received extensive prior physical therapy, including prior aquatic therapy, despite seemingly tepid-to-unfavorable MTUS position on the same in the clinical context present here. The applicant has, however, failed to demonstrate any significant benefit or functional improvement through earlier aquatic therapy. The applicant remains off of work, on total temporary disability. The applicant remains dependent on other forms of medical treatment, including medications such as Motrin, and other modalities such as acupuncture. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier prior aquatic therapy. Therefore, the request for Aquatic Therapy is not medically necessary.