

Case Number:	CM14-0202009		
Date Assigned:	12/12/2014	Date of Injury:	11/06/2006
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal 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 (IW) is a 69-year-old man with a date of injury of November 6, 2006. The mechanism of injury occurred when the IW fell on a chair while sweeping in a classroom and injured his back. The injured worker's working diagnoses are low back pain; lumbosacral radiculitis; chronic pain syndrome; thoracic post-laminectomy syndrome; and lumbar post-laminectomy syndrome. Pursuant to the progress note dated October 28, 2014, the IW complains of left lower extremity weakness and numbness in the bilateral lower extremities. The IW is able to walk 1 city block with a single point cane. The IW takes Indomethacin 75mg and Lidoderm patch and reports a 50% reduction in pain. Physical examination reveals tenderness to palpation over the paraspinal muscles overlying the facet joints bilaterally. Lumbar spine range of motion is normal except for flexion, which is limited to 15 degrees with pain. The IW is unable to heel or toe walk. A physical therapy (PT) progress note dated February 10, 2014 indicates six (PT) sessions were authorized. Four out of the six PT sessions were aquatic therapy. Overall, there was minimal improvement the first six PT sessions. Assessment from visit #6 states during the assessment the IW was too painful and emotionally distressed for resistance testing. Additional PT took place in a progress note dated April 11, 2014. The physical therapy note indicates the injured worker presents with low back pain and limitations in range of motion, decreased lower extremity strength, for balance, gait abnormalities in decreased functional level. There are no other PT notes in the medical record. It appears the injured worker received 12 visits of PT in total. The documentation does not reflect objective functional improvement as a result of PT. The current request is for additional aquatic therapy two times weekly for three weeks to the lumbar spine (six visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic therapy, 2 times weekly for 3 weeks, for the lumbar spine, QTY: 6:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Aquatic Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional aquatic therapy two times weekly for three weeks for the lumbar spine (six visits) is not medically necessary. Patients should be formally assessed after his sixth visit clinical trial to see if the patient is moving in a positive direction, no direction when negative direction (prior to continuing with physical therapy). The Official Disability Guidelines enumerate the frequency and duration for physical therapy according to specific disease states. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable for example extreme obesity. See the guidelines for additional details. In this case, the injured worker was diagnosed with low back pain; lumbosacral radiculitis; chronic pain syndromes; thoracic post laminectomy syndrome; and lumbar post laminectomy syndrome. April 11, 2014 progress note indicates six physical therapy sessions were authorized. Four out of the six physical therapy sessions were aquatic therapy. Overall, there was minimal improvement the first six physical therapy sessions. The documentation contains visit six from the physical therapist. Visit #6 assessment states during the assessment the patient was too painful and emotionally distressed for resistance testing. Additional physical therapy took place in a progress note dated April 11, 2014. The physical therapy note indicates the injured worker presents with low back pain and limitations in range of motion, decreased lower extremity strength, for balance, gait abnormalities in decreased functional level. There are no other physical therapy notes in the medical record. It appears the injured worker received 12 visits of physical therapy in total. The documentation does not reflect objective functional improvement as a result of physical therapy. Aquatic therapy was provided to the injured worker, however, there is no objective functional improvement. There is no documentation indicating the clinical rationale for aquatic therapy with reduced weight-bearing. The injured worker should be well-versed in the exercises performed during the physical therapy sessions and should be able to engage in home exercise program. Consequently, absent the appropriate clinical documentation showing objective functional improvement with physical therapy, the clinical rationale for ongoing aquatic therapy, additional aquatic therapy two times weekly for three weeks to the lumbar spine (six visits) is not medically necessary.