

Case Number:	CM15-0100839		
Date Assigned:	06/03/2015	Date of Injury:	10/05/2008
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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 is a 62-year-old male with an October 5, 2008 date of injury. A progress note dated April 23, 2015 documents subjective findings (chronic lower back pain and right foot pain; right foot pain gradually improving; depression), objective findings (normal muscle tone without atrophy of all extremities; antalgic gait; well healed scar along the right lateral malleolus; decreased range of motion of the right foot; tenderness to palpation of the lumbosacral junction; decreased range of motion of the lumbar spine; decreased sensation to light touch along the right lateral calf; decreased motor strength with right leg extension and right hip flexion), and current diagnoses (chronic pain not elsewhere classified; congenital pes planus). Treatments to date have included aquatic therapy (helpful with his back pain), orthotics, medications (continue to reduce pain by about 30%), right foot surgery, magnetic resonance imaging of the lumbar spine (November 15, 2013; showed osteophyte complex, facet and ligamentum flavum hypertrophy with moderate central canal and neural foraminal narrowing), electromyogram of the bilateral lower extremities (August 9, 2011; showed right sided focal neuropathy of axonal injury involving the lateral dorsal cutaneous branch of the sensory nerve), and lumbar spine surgery. The treating physician documented a plan of care that included aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, Low Back, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Procedure Summary Online Version last updated 4/29/15.

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 October 2008 and continues to be treated for chronic back and right lower extremity pain. Treatments have included aquatic therapy and, as of 04/22/15, he had completed four treatment sessions. An additional two treatments were completed as of 05/12/15. There had been a decrease in pain but he had not met any of the functional goals of the therapy. When seen, his back pain had improved with aquatic therapy since his right foot pain was making it difficult for him to ambulate. He had improved range of motion and an improved ability to exercise. Physical examination findings included decreased right foot range of motion with lumbar spine tenderness. There was decreased lumbar spine tenderness and decreased lower extremity strength and sensation. He was noted to ambulate with an antalgic gait using a single crutch. A trial of 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, the claimant has had a trial of aquatic therapy with some benefit. However, transition to an independent pool program would not require the number of requested skilled treatments and does not reflect a fading of treatment frequency. The request is not medically necessary.