

Case Number:	CM15-0105915		
Date Assigned:	06/10/2015	Date of Injury:	03/13/2015
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 56 year old male, who sustained an industrial/work injury on 3/13/15. He reported initial complaints of neck, wrist, back, shoulder, knee, and ankle pain. The injured worker was diagnosed as having cervical sprain, carpal tunnel syndrome, lumbosacral neuritis, joint derangement of ankle, ganglion cyst of synovium, joint derangement of shoulder, and internal derangement of knee. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of mid to upper back pain, shoulder pain, neck pain, and left knee pain. There was no significant improvement from last evaluation. Per the primary physician's progress report (PR-2) on 5/5/15, examination revealed cervical spine spasm in the paraspinal muscles with tenderness with palpation, restricted range of motion. The shoulder exam revealed tenderness to palpation to bilateral trapezius muscles. The left hand is tender to palpation with positive Tinel's and Finkelstein's tests. Lumbar exam noted spasm in the paraspinal muscles and tenderness, positive straight leg raise with sitting. The knee exam noted ecchymosis about the left knee, excruciating pain in the left with palpation of the distal femoropatellar tendon, positive McMurray's test. Feet and ankle exam noted swelling and ecchymosis about the right ankle and over the 3rd and 4th and 2nd, tenderness to palpation to the left plantar fascia and right lateral ankle. Sensation in the left foot is reduced. The requested treatments include physical therapy - aqua therapy, for the neck, low back, mid back, shoulders and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy - aqua therapy, 3 times a week for 4 weeks, for the neck, low back, mid back, shoulders and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient should have been instructed on a home exercise program. There is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the aqua therapy. The Physical therapy - aqua therapy, 3 times a week for 4 weeks, for the neck, low back, mid back, shoulders and left knee is not medically necessary and appropriate.