

Case Number:	CM15-0012848		
Date Assigned:	01/30/2015	Date of Injury:	11/26/2002
Decision Date:	05/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/22/2015

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, Washington

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:

The injured worker is a 66-year-old female with a date of injury of 11/26/2002. The mechanism of injury was not included. Her diagnoses included cervical degenerative disc disease with cervical stenosis, multilevel cervical facet arthropathy, status post lumbar decompression at the L4-5 and L5-S1 levels. Her medications included Norco 10/325 mg, Protonix 20 mg. Documentation of 01/08/2015 indicates on physical exam, the injured worker has diffuse tenderness with full range of motion, extremes of range of motion elicit discomfort. The lumbar spine examination indicated she had excellent range of motion with positive straight leg raising on the left at 60 degrees. Motor strength to the lower extremities is grossly normal. Sensation is intact to light touch and pinprick.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 aquatic therapy visits for the Lumbar spine: Upheld

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

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

Decision rationale: The request for 12 additional aquatic therapy visits for the lumbar spine are not medically necessary. California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The MTUS Guidelines also state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for neuralgia, neuritis, and radiculitis, it is 8-10 visits. There is a lack of documentation of objective functional improvement with previous physical therapy, how many visits the injured worker participated in previously, and if there were exceptional factors to justify additional supervised visits or participation in home exercise program. Therefore, the request for additional 12 aquatic therapy visits for the lumbar spine are not medically necessary.