

Case Number:	CM15-0134183		
Date Assigned:	07/22/2015	Date of Injury:	08/28/2013
Decision Date:	08/26/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/10/2015

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:

This is a 31-year-old female with an August 28, 2013 date of injury. A progress note dated June 17, 2015 documents subjective complaints (ongoing lower back pain), objective findings (trigger points noted in the gluteus medius muscles; lumbar range of motion limited secondary to pain), and current diagnoses (chronic axial lower back pain; shoulder pain; myofascial pain; left L5 radiculopathy). Treatments to date have included pool therapy that has been helpful, medications, physical therapy, and home exercise. The treating physician documented a plan of care that included additional pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Pool Therapy 2x week x 3weeks Sacrum: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Page(s): 22, 88, 89.

Decision rationale: The 31-year-old patient presents with chronic low back pain, shoulder pain, myofascial pain, and left L5 radiculopathy, as per progress report dated 06/17/15. The request is for ADDITIONAL POOL THERAPY 2 X WEEK X 3 WEEKS SACRUM. There is no RFA for this case, and the patient's date of injury is 08/28/13. The patient is not using any medications apart from Flector and Lidocaine patches, as per progress report dated 06/17/15. As per progress report dated 05/06/15, the patient rates his pain as 4/10, and has benefited from physical therapy and medications. The patient is working with restrictions, as per progress report dated 06/17/15. MTUS page 22 has the following regarding aquatic therapy: Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has undergone aquatic therapy in the past. As per progress report dated 06/17/15, pool therapy "has been helpful." In progress report dated 03/25/15, the treater states that the patient has transitioned into a home exercise regimen after physical therapy. The purpose of additional therapy is not clear. Additionally, there is no diagnoses of obesity or any other physical condition that is preventing the patient from undergoing land-based therapy. Hence, the treater's request for 6 sessions of aquatic therapy is not medically necessary.