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| Case Number: | CM15-0136838 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 03/19/1998 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

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: Pennsylvania, Ohio, 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 52-year-old female who sustained an industrial injury on 3/19/88 when she was involved in a motor vehicle accident and was T-boned. She had immediate onset of pain in the neck. She was medically evaluated, had physical therapy and placed on modified duty. Over a time, her symptoms escalated and she began having severe spasms in her neck, mid-back and low back. The injured worker reported decreased spasms, decreased pain and increased ability to perform activities of daily living since starting aqua therapy. She does complain of some discomfort with flexion and extension. Once the sessions were complete, she started to experience increased pain and spasm and decreased ability to perform activities of daily living. On physical exam, there was positive paraspinal spasm, positive trigger point at L4-5, pain with flexion and extension, positive straight leg raise, positive spasm of the trapezius and rhomboid areas, positive Spurling's. Diagnoses include lumbar herniated nucleus pulposus; cervical herniated nucleus pulposus; rotator cuff tear, status post arthroscopic right shoulder rotator cuff repair, arthroscopic subacromial decompression, arthroscopic excision of distal clavicle, arthroscopic extensive debridement of the right shoulder(9/15/11); residuals of multiple surgical procedures of the left and right knees; early cervical and lumbar disc degeneration; lumbago; lumbar radiculopathy. Treatments to date include physical therapy with great benefit; aqua therapy; lumbar epidural injection (2/10/15, 1/9/15). Diagnostics include MRI of the right shoulder (4/7/11) showing a full thickness rotator cuff tear; MRI of the cervical spine (5/2/11); MRI of the lumbar spine (10/5/14). In the progress note dated 5/12/15 the treating provider's plan of care included a request to continue aqua therapy to help alleviate pain twice per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional aqua therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Physical therapy (PT) (Intervertebral disc disorders without myelopathy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised land or aquatic therapy rather than independent rehabilitation. This request is not medically necessary.