

Case Number:	CM15-0140089		
Date Assigned:	07/29/2015	Date of Injury:	02/10/2015
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 (IW) is a 39-year-old male who sustained an industrial injury 02-10-2015. Diagnoses include cervical strain; mild multilevel cervical spondylosis; lumbar strain; and degenerative disc disease at L4-L5 with central disc protrusion and annular tear with mild stenosis. Treatment to date has included medications, physical therapy and activity modification. According to the progress notes dated 6-3-2015, the IW reported constant severe neck pain and stiffness with associated headaches and radiation into both arms. He complained that his neck pops and cracks with movement and that there was diffuse numbness from the shoulders to the fingertips of both arms. He also reported constant severe low back pain radiating into the buttocks and down the front and back of both legs. There was also severe pain in the left groin. On examination his gait was slow and guarded. Range of motion (ROM) of the lumbar spine was markedly restricted and painful. Motor and sensory exam of the bilateral upper and lower extremities was grossly intact. Cervical spine ROM was also markedly restricted in all planes and painful. There was diffuse numbness from the shoulders to the fingertips of all digits. MRI of the cervical spine dated 5-11-2015 showed reversal of the normal cervical lordosis and slight disc bulge at C3-4, C4-5 and C5-6 without canal or foraminal stenosis. A request was made for physical therapy once a week for six weeks for water exercise program for the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Water Exercise Program, Once a week for six weeks for the Lumbar and Cervical Spine: 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 medicine and Aquatic therapy Page(s): 98-99 and 22.

Decision rationale: Physical Therapy for water exercise program, once a week for six weeks for the lumbar and cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior low back or neck PT sessions the patient has had; why he is unable to perform an independent home exercise program; and the outcome of prior PT. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The documentation does not indicate that the patient is unable to participate in land based therapy. For all of these reasons physical therapy for water exercise program is not medically necessary.