

Case Number:	CM15-0147642		
Date Assigned:	08/10/2015	Date of Injury:	09/30/2011
Decision Date:	09/04/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/29/2015

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: Massachusetts

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 44-year-old male, who sustained an industrial injury on September 30, 2011. The initial symptoms reported by the injured worker are unknown. Notes stated that he was involved in a motor vehicle accident. The injured worker was diagnosed as status post work related motor vehicle accident, C7 T1 sUBLUXATION with perched facets, status post laminectomy reduction and decompression of spinal cord with instrumentation and fusion, T1 paraplegia, neurogenic bowel, neurogenic bladder, autonomic dysreflexia, spasticity status post intrathecal baclofen pump placement, intramedullary spinal cord fluid collection, musculoskeletal and neuropathic pain, visual disturbance, adjustment disorder secondary to disability and medical comorbidities related to spinal cord injury of hyperlipidemia, hyperglycemia, vitamin D deficiency and anemia. Treatment to date has included home therapy, exercise, diagnostic studies, acupuncture, surgery and medications. On May 19, 2015, the injured worker complained of upper, middle and lower back pain reported as constant. He also complained of left lateral hip pain and tightness in his spine. The injured worker does not have sensation below chest with light touch due to injury. The treatment plan included aqua therapy, diagnostic studies, bowel program, acupuncture and pain management. On July 1, 2015, Utilization Review non-certified the request for aqua therapy three times four citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in September 2011 as the result of a motor vehicle accident. He sustained a significant spinal cord injury and has T1 ASIA A paraplegia. He continues to be treated for the residual effects of his spinal cord injury. When seen, physical examination findings were consistent with his level of spinal cord injury. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities that could preclude effective participation in weight-bearing physical activities. In this case, the claimant has upper thoracic paraplegia which would limit upright weight bearing activities other than use of a standing frame. He would be expected to be able to function independently at a wheelchair level. He has neurogenic bowel and bladder and performs intermittent catheterization. There is no reported incontinence and a trial of pool therapy would likely be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.