

Case Number:	CM15-0168103		
Date Assigned:	09/08/2015	Date of Injury:	03/05/2012
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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 57 year old male, who sustained an industrial-work injury on 3-5-12. He reported initial complaints of neck pain and back pain. The injured worker was diagnosed as having cervicalgia and lumbago. Treatment to date has included medication, surgery (cervical decompression, lumbar decompression, right knee total knee replacement), physical therapy, injection, diagnostics, and pool therapy. MRI results were reported on 5-2015 of the lumbar spine that demonstrates multilevel lumbar spondylosis with a level facet arthropathy, and sub articular and foraminal stenosis at L4-5. Currently, the injured worker complains of left hip pain, neck pain that radiates across the upper back that is unchanged and paresthesia of both arms, upper extremity fatigue, achy thoracic pain, and low back pain (R>L), and radiates to the upper gluteal fossa. Pain is rated 3-8 out of 10. Per the primary physician's progress report (PR-2) on 7-28-15, exam of the cervical spine reveals no new findings with reduced range of motion, painful extension greater than flexion, tenderness with palpation bilateral lumber spine, straight leg raise elicits low back pain. There is crepitus in the right knee, rotatory instability, increased warmth. Left lower extremity is painful hip range of motion and positive left Fabere. Current plan of care included trial lumbar facet block, medication, and review of medical findings. The requested treatments include Physical therapy 2 x 4 for neck and low back and Aquatic therapy for neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

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.

Decision rationale: The claimant sustained a work-related injury in March 2012 and is being treated for radiating neck and radiating low back pain and left hip pain. Surgeries have included a cervical decompression due to myelopathy and a right total knee replacement and recent treatments include both land based physical therapy and pool therapy. When seen, there was decreased and painful lumbar range of motion with lumbar and bilateral posterior superior iliac spine tenderness. There was low back pain with straight leg raising. There was decreased and painful cervical range of motion. There was right knee crepitus with instability and pain with left hip range of motion with positive Fabere testing. His BMI is 29. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

Aquatic therapy 2 x 4 for neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in March 2012 and is being treated for radiating neck and radiating low back pain and left hip pain. Surgeries have included a cervical decompression due to myelopathy and a right total knee replacement and recent treatments include both land based physical therapy and pool therapy. When seen, there was decreased and painful lumbar range of motion with lumbar and bilateral posterior superior iliac spine tenderness. There was low back pain with straight leg raising. There was decreased and painful cervical range of motion. There was right knee crepitus with instability and pain with left hip range of motion with positive Fabere testing. His BMI is 29. Aquatic therapy is

recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant has already had skilled aquatic therapy treatments. Transition to an independent pool program would be expected and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.