

Case Number:	CM15-0182217		
Date Assigned:	09/30/2015	Date of Injury:	07/23/2007
Decision Date:	11/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 69-year-old who has filed a claim for chronic neck, low back, shoulder, and wrist pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of July 23, 2007. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for 12 sessions of aquatic therapy. An RFA form received on August 15, 2015 and an associated office visit dated July 22, 2015 were referenced in the determination. On June 12, 2015, the applicant reported ongoing issues with headaches, dizziness, low back pain, neck pain, anxiety, depression, and sleep disturbance. The applicant was using Nexium, Tenormin, Ambien, Xanax, Colace, Butrans, Naprosyn, nifedipine, Flexeril, and Zofran, it was reported. The applicant had not returned to work, it was acknowledged. The applicant exhibited give way weakness about the upper and lower extremities without any focal motor weakness. The applicant was described as using a walker with support during testing but, treating provider, was never able to ambulate slowly without the walker when asked to do so. The applicant appeared visibly depressed. On August 20, 2015, it was reiterated that the applicant had failed to return to work. Once again, it was stated the applicant exhibited give-way weakness about the upper and lower extremities, normal muscle tone and mass and intact cranial nerve testing. The applicant was able to ambulate slowly without the walker, but was nevertheless using the walker at times for support purposes, the treating provider contended. On July 22, 2015, the applicant reported ongoing complaints of low back pain. 12 sessions of aquatic therapy were sought while Norco, Protonix, Motrin, Colace, and Butrans patches were endorsed. The applicant's permanent work restrictions

were renewed. The applicant's gait was not clearly described or characterized on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 6 weeks to the left cervical spine, lumbar spine and left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: No, the request for 12 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledge that aquatic therapy is recommended as an optional form of exercise therapy for applicants in whom reduced weight bearing is desirable, here, however, it was not clearly established that reduced weight bearing, was, in fact desirable. The applicant's gait was not clearly described or characterized on the July 21, 2015 at office visit at issue. While the applicant's secondary treating provider reported on various dates, including on May 13, 2015 and June 12, 2015 that the applicant was using a walker on initial testing, the secondary treating provider noted the applicant was nevertheless able to ambulate slowly without the walker in the clinic and also noted the presence of give-way weakness. It did not appear, thus, the applicant had a condition or conditions for which reduced weight bearing was, in fact, desirable. The 12-session course of aquatic therapy at issue, moreover, represented treatment in excess of 9- to-10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. A clear or compelling rationale for such a lengthy, protracted course of therapy was not furnished. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that an attending provider furnish a prescription for physical therapy, which clearly states treatment goals. Here, however, the requesting provider's July 21, 2015 office visit did not furnish clear treatment goals. It was not stated how (or if) the applicant could stand to gain from such a lengthy formal course of aquatic therapy, particularly in the light of the fact that the applicant had already been deemed permanent and stationary. Therefore, the request was not medically necessary.