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| Case Number: | CM15-0183952 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 06/22/2009 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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 49 year old female, who sustained an industrial-work injury on 6-22-09. A review of the medical records indicates that the injured worker is undergoing treatment for status post lumbar surgery, left shoulder sprain and strain, severe osteoarthritis of the left shoulder, left shoulder adhesive tendinitis and lumbar grade 1 anterolisthesis. Medical records dated (2-18-15 to 8-6-15) indicate that the injured worker complains of constant severe achy low back pain that radiates to the right lower extremity (RLE) and constant severe achy left shoulder pain with stiffness and heaviness with radiation to the hand with numbness. The pain in the back is rated 8-9 out of 10 on pain scale and the pain in the left shoulder is rated 7-10 out of 10 on the pain scale and has been unchanged. Per the treating physician report dated 8-5-15 the injured worker has not returned to work. The physical exam dated 6-29-15 reveals decreased and painful lumbar range of motion, tenderness to palpation and muscle spasm. Kemp's test causes pain bilaterally and sitting straight leg raise causes pain bilaterally. The left shoulder exam reveals ranges of motion are decreased and painful. There is tenderness to palpation of the lateral shoulder and glenohumeral joint, muscle spasm, Hawkin's causes pain and supraspinatus press causes pain. The progress note dated 6-30-15 from aqua therapy indicates that the injured worker demonstrates improvements in left shoulder abduction range of motion and bilateral lower extremity strength with exception of the right knee, however decreased lumbar range of motion and unchanged functional limitations were also observed. Treatment to date has included pain medication Norco, Gabapentin and Norflex, back surgery 2012, physical therapy, and aqua therapy at least 12 sessions, injections, diagnostics and other modalities. Magnetic resonance

imaging (MRI) dated 2-14-15 reveals bilateral neural foraminal narrowing and canal stenosis secondary to posterior disc protrusion and facet joint hypertrophy and here is bilateral nerve root compromise. The Magnetic Resonance Imaging (MRI) of the left shoulder dated 2-27-15 reveals severe osteoarthritis and tendinosis. X-rays of the lumbar spine dated 3-23-15 reveal persistent grade 1 anterolisthesis at L4-5. The request for authorization date was 6-29-15 and requested service included 12 aquatic therapy sessions for the lumbar spine and left shoulder. The original Utilization review dated 8-18-15 non-certified the request as per the guidelines the injured worker has exceeded the number of recommended visits for physical therapy and has shown no improvement by documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy sessions for the lumbar spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic/Physical Medicine Treatment.

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: p 87.

Decision rationale: The claimant sustained a work injury in June 2009 when she slipped on a wet kitchen floor. She underwent a multilevel lumbar fusion in 2012 with probable pseudoarthrosis indicative of a failure of the fusion. In July 2015 she was attending aquatic therapy treatments. When seen in August 2015, physical examination findings included a body mass index over 45. There was decreased left upper extremity and lower extremity sensation. There was lumbar tenderness with muscle spasms and positive Kemp's testing. There was decreased left shoulder range of motion with positive impingement testing. Shoulder surgery was pending. Additional aquatic therapy is being requested. 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 had already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and would not be expected to require the number of requested skilled treatments. Aquatic therapy for the left shoulder is not indicated as reduced weight bearing is not needed. The request is not medically necessary.