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| Case Number: | CM15-0184214 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 12/03/2011 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/02/2015 |
| 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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old man sustained an industrial injury on 12-3-2011. Diagnoses include left lumbar radiculopathy with selective nerve root block scheduled, right carpal tunnel syndrome and status post right shoulder surgery. The patient's surgical history includes left hip surgery on 5/2012. Treatment has included oral medications. Physician notes dated 7-28-2015 show complaints of left shoulder pain, left low back pain with radiation down his left leg, bilateral wrist pain, left buttock pain, and hip pain rated 5 out of 10. The worker is noted to be taking an "occasional" Oxycodone. These were prescribed in June, are not gone, and the worker is not requesting more at this time. The physical examination shows a gait favoring his left leg, slight decreased sensation to pinprick over the dorsum of the left foot, positive straight leg raise on the left, negative Faber's test, full range of motion is demonstrated in the bilateral wrists, and there is some limitation of motion at the left shoulder. Recommendations include post-injection self-directed aquatic therapy and follow up in 30 days. Utilization Review denied a request for aquatic therapy citing there are no documentation of failed physical therapy and no documentation of inability to tolerate gravity-resisted therapy. The patient had received an unspecified number of PT visits for this injury. Patient had received cervical median branch block. Per the note dated 8/24/15, the patient had complaints of low back pain at 4/10. Physical examination of the low back revealed limited range of motion, decreased sensation in lower extremity and tenderness on palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient water therapy for six (6) sessions to the lumbar spine, QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Per MTUS guidelines, aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." A contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. The patient had received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land-based physical therapy that is specified in the records provided. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for outpatient water therapy for six (6) sessions to the lumbar spine, qty: 6.00 is not fully established in this patient.