

Case Number:	CM15-0184717		
Date Assigned:	09/25/2015	Date of Injury:	10/10/2013
Decision Date:	10/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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 51 year old male, who sustained an industrial injury on 10-10-2013. He has reported subsequent neck, right shoulder, low back, right leg, knee and ankle pain and was diagnosed with post-traumatic headache, cervical musculoligamentous injury, cervical and lumbar muscle spasm, lumbar stenosis and spondylolisthesis, right shoulder myoligamentous injury and muscle spasm, tricompartmental osteoarthritic changes, right knee sprain and strain, left knee internal derangement and bilateral finger arthralgia. There were no imaging or diagnostic test reports submitted or discussed and there was no documentation of any previous treatments received and the effectiveness of those treatments. The only medical documentation submitted consists of a primary treating physician's progress report dated 08-27-2015. During this visit, the injured worker reported frequent moderate neck pain radiating to the right shoulder, constant moderate burning low back pain and tingling radiating to the right leg with numbness, moderate right shoulder pain and tingling, intermittent moderate dull left knee pain, intermittent mild right knee pain and occasional mild to moderate sharp right ankle pain radiating to the heel with tingling. Objective examination findings showed painful range of motion of the cervical and lumbar spine, right shoulder and left knee, muscle spasms of the cervical and lumbar paravertebral muscles, bilateral trapezii and tenderness to palpation of the cervical and lumbar paravertebral muscles, bilateral sacroiliac joints, bilateral trapezzi, anterior and posterior right shoulder, acromioclavicular joint, trapezius, medial knee, lateral knee, medial and lateral joint line of the bilateral knees. Work status was documented as off work. A request

for authorization of twelve (12) sessions of aquatic therapy was submitted. As per the 09-08-2015 utilization review, the request for twelve (12) sessions of aquatic therapy was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of aquatic therapy: Upheld

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

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, (2007) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in October 2013 and continues to be treated for radiating neck and radiating low back pain, right shoulder pain, right ankle pain, and bilateral knee pain. When seen, he had a body mass index of 37.1. There was cervical, lumbar, right shoulder, and left knee pain with range of motion. There was tenderness of all the involved areas. There was cervical and trapezius muscle spasm. There was sacroiliac joint tenderness. He had lumbar paraspinal muscle spasms and positive Kemp's testing. Right shoulder impingement testing was positive. There was medial and lateral joint line tenderness and positive McMurray's testing. Authorization is being requested for 12 sessions of aquatic therapy. A trial of 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 is noted to be obese 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.