

Case Number:	CM15-0187654		
Date Assigned:	09/29/2015	Date of Injury:	09/04/2007
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/23/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female, with a reported date of injury of 09-04-2007. The diagnoses include cervical radiculopathy, lumbar radiculopathy, right shoulder pain, severe degenerative disc disease at C5-6 and C6-7, lumbar degenerative disc disease, oral intolerance to medications, multilevel herniated nucleus pulposus of the thoracic spine with stenosis, lumbar stenosis severe at L4-5, lumbar facet arthropathy, and full-thickness right shoulder rotator cuff tear. Treatments and evaluation to date have included Relafen, Norco, Ketoprofen topical ointment (discontinued), Voltaren (discontinued), Flexeril (discontinued), physical therapy (moderate relief), chiropractic physiotherapy (moderate temporary relief), acupuncture (moderate relief), and transforaminal epidural steroid injection at the left L4 and L5 nerves (no relief). The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-26-2015 indicates that the injured worker presented for follow-up of low back and neck complaints. It was noted that since her previous appointment, the injured worker stated that her symptoms were relatively unchanged. It was also noted that the injured worker felt that her pain was severely affecting her quality of life. The injured worker currently complained of neck pain, which she rated 6 out of 10; and the pain was rated 7 out of 10 on 07-10-2015 and 08-05-2015. The pain radiated to the right shoulder with numbness and tingling in the right upper extremity into her hands and fingers. The low back pain radiated down the bilateral lower extremities with tingling and numbness down her legs. She rated her low back pain 8 out of 10 (07-10-2015, 08-05-2015, and 08-26-2015). The objective findings included a normal and non-antalgic gait; tenderness to palpation with spasms in the lumbar spine;

decreased sensation to the left L5 and S1 dermatomes; positive straight leg raise on the left at 60 degrees with radiation to the lateral ankle; tenderness over the left trochanteric bursa; and negative FABER and SI (sacroiliac) thrust test. The treatment plan included a series of aquatic therapy two times a week for six weeks. The injured worker was currently not working. Her work status was noted as permanent and stationary. The treating physician requested aquatic therapy, two times a week for six weeks. On 09-17-2015, Utilization Review (UR) non-certified the request for aquatic therapy, two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy; twelve (12) sessions, two times a week for six weeks: 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, Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation, nor is there a clear rationale for a switch from land to aquatic rehabilitation. For these multiple reasons, this request is not medically necessary.