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| Case Number: | CM15-0199729 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 06/11/2014 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 09/11/2015 |
| Priority: | Standard | Application Received: | 10/12/2015 |

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: 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(n) 42 year old male, who sustained an industrial injury on 6-11-14. The injured worker was diagnosed as having cervical spinal strain, lumbar spinal strain, lumbar radiculopathy and left shoulder impingement. Subjective findings (2-25-15, 4-22-15, 6-17-15, 7-29-15) indicated low back pain and numbness, left ankle pain and left shoulder pain. The lower back pain radiates to the bilateral lower extremities. The treating physician has requested aquatic therapy for the lower back several times; it is unclear if it has been authorized. Objective findings (2-25-15, 3-20-15, 4-22-15, 6-17-15, 7-29-15) revealed tenderness in the cervical and lumbar paraspinals, a positive straight leg raise test, left ankle swelling and a positive impingement test in the left shoulder. As of the PR2 dated 9-2-15, the injured worker reports pain in the left shoulder, lower back and left ankle. Objective findings include tenderness in the cervical and lumbar paraspinals, a positive straight leg raise test and a positive impingement test in the left shoulder. The treating physician noted the lumbar MRI shows disc desiccation at L4-L5 and L5-S1 with small disc bulges. Treatment to date has included physical therapy for the left shoulder and lower back (from 10-3-14 to at least 11-10-14) with improvement and acupuncture x 3 months. The Utilization Review dated 9-11-15, non-certified the request for aquatic therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Office visits (2015).

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

Decision rationale: The current request is for 12 aquatic therapy sessions. Treatment history includes medications, chiropractic treatments, acupuncture, modified work, and physical therapy. The patient is currently not working. MTUS Guidelines, Aquatic therapy section, page 22 states: "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. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." Per report 09/02/15, the patient reports sharp left shoulder pain, low back pain and numbness, left ankle and plantar pain. Objective findings include tenderness in the cervical and lumbar paraspinals, a positive straight leg raise test and a positive impingement test in the left shoulder. There was also tenderness and swelling in the left ankle. The treater recommended 12 sessions of water therapy for this patient. This patient presents with ankle/plantar pain with swelling in the left ankle, and may benefit from a short course of reduced weight bearing therapy. However, the requested 12 sessions exceeds guideline recommendations (which only allow up to 10 visits). Therefore, the request is not medically necessary.