

Case Number:	CM15-0201265		
Date Assigned:	10/16/2015	Date of Injury:	10/29/2009
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] who has filed a claim for chronic neck and low back pain (LBP) reportedly associated with an industrial injury of October 29, 2009. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for eight sessions of aquatic therapy. An August 26, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 26, 2015, the applicant reported ongoing issues with chronic neck and low back pain with derivative complaints of depression and anxiety. The applicant exhibited a normal motor function about the upper and lower extremities. Trigger point injections were performed. Aquatic therapy was sought. The applicant was placed off of work, on total temporary disability. The applicant's gait was not clearly described or characterized. The note did not follow a standard SOAP format.

IMR ISSUES, DECISIONS AND RATIONALES

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

H2O Physical Therapy, twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Aquatic therapy.

Decision rationale: No, the request for eight sessions of aquatic (H₂O) therapy was not medically necessary, medically appropriate, or indicated here. While page 22 the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, the applicant's gait was not clearly described or characterized on the August 26, 2015 office visit at issue. It was not clearly established that reduced weight bearing was, in fact, desirable here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the attending provider's response to previous physical therapy and aquatic therapy was not clearly described on August 26, 2015. The fact that the applicant remained off of work as of that point in time, i.e., approximately five years removed from the date of the injury, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e despite receipt of earlier unspecified physical and/or aquatic therapy over the course of the claim. The MTUS Guideline in ACOEM Chapter 3, page 48 further stipulates that the value of physical therapy increases with a prescription for therapy, which "clearly states treatment goals." Here, again, the attending provider did not clearly state how (or if) the applicant could stand to profit from further treatment as of the late stage of the request, i.e., some 5 years removed from the date of the injury. Therefore, the request was not medically necessary.