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| Case Number: | CM15-0207127 | | |
| Date Assigned: | 10/23/2015 | Date of Injury: | 04/30/2008 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/21/2015 |

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: 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 56 year old male who sustained an industrial injury on 04-30-2008. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar disc herniation. The injured worker is status post lumbar disc surgery in 2012. According to the treating physician's progress report on 09-09-2015, the injured worker continues to experience low back pain radiating to both legs, right greater than left side. The injured worker stated that physical therapy made his pain worse extending the pain into the neck requiring treatment from an emergency department for severe headaches and left arm numbness. Computed Tomography (CT) and labs were within normal limits at the emergency room. On 09-09-2015, the objective findings noted a right antalgic gait on the toes and slow on the heels. The injured worker ambulates with a cane. Lumbar spine flexion was 80 degrees with bilateral knee reflexes within normal limits and right ankle reflex absent. Prior treatments have included diagnostic testing, surgery, physical therapy, home exercise program, aquatic therapy (dates, quantity and benefit not discussed) and medications. Current medications were not noted in the medical records dated 09-09-2015 and 06-17-2015. Treatment plan consists of continuing with physical therapy but if painful may stop it, advance to home exercise program and the current request for aquatic therapy 12 sessions for the lumbar spine. On 10-01-2015, the Utilization Review determined the request for aquatic therapy 12 sessions for the lumbar spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation - Online Edition, 2015 Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: Per the treating physician's progress report on 09-09-2015, the injured worker continues to experience low back pain radiating to both legs, right greater than left side. The injured worker stated that physical therapy made his pain worse extending the pain into the neck requiring treatment from an emergency department for severe headaches and left arm numbness. Computed Tomography (CT) and labs were within normal limits at the emergency room. Aquatic Therapy does not seem appropriate, as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar (lumbar disc surgery in 2012) or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The 12 aquatic therapy sessions for the lumbar spine is not medically necessary and appropriate.