MAXIMUS Federal Services

Case Number:	CM15-0208240		
Date Assigned:	10/28/2015	Date of Injury:	04/19/2009
Decision Date:	12/09/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/22/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury on 04-19-2009. According to a progress report dated 09-18-2015, the injured worker reported continued pain and stiffness to her cervical spine radiating pain down the arms and persistent pain and stiffness to her lumbar spine radiating down the legs with numbness, tingling and weakness to the lower extremities. She currently was not working. Physical examination of the lumbar spine demonstrated well-healed surgical scarring and tenderness to palpation over the paraspinous region with spasms present. Range of motion of the lumbar spine remained limited. There was decreased sensation in the left L4, L5 and S1 dermatomal distributions. Patellar and Achilles reflexes were flat bilaterally. Diagnoses included status post discectomy and fusion at L3 through S1, bilateral lower extremity radiculopathy, neurogenic claudication and hypotension. The provider noted that the injured worker had undergone a course of aquatic physical therapy with "significant" benefit reported. There were no discussion of specific improvement received from the therapy already completed. Therapy progress reports were not submitted for review. The treatment plan included 12 additional sessions. There was no discussion as to why land based therapy could not be tolerated. On 10-21-2015, Utilization Review non-certified the request for aquatic therapy for the lumbar spine 2 times a week for 6 weeks, quantity:12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the lumbar spine 2 times a week for 6 weeks, quantity: 12 sessions: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, there was record found among the documents provided for review which showed previous land-based physical therapy being completed without discussion of any difficulty completing them physically. There was also record of having completed some aquatic therapy (number of sessions not included in the notes). There was only vague comments about the previously completed aquatic therapy being beneficial, although this was not detailed, with no mention of functional gains or pain level reduction related to these sessions. It is not clear as to why the worker would not be able to continue physical therapy at home, unsupervised and on land as this was not included in the notes. Therefore, this request for continued aquatic therapy (12 sessions) is not medically necessary.