

<b>Case Number:</b>	CM15-0028270		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/13/2007
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of March 13, 2007. In a Utilization Review Report dated January 16, 2015, the claims administrator failed to approve requests for a scooter and aquatic therapy. A progress note of January 6, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated March 19, 2014, it was acknowledged that the applicant was off of work. The applicant was receiving Social Security Disability Insurance (SSDI) benefits, in addition to Workers' Compensation indemnity benefits. The applicant had apparently fallen several times. The medical-legal evaluator suggested that the applicant be furnished with a four-wheeled walker as opposed to a motorized scooter. The aquatic therapy and motorized wheelchair at issue were endorsed via an RFA from dated October 2, 2014. In an appeal letter dated January 5, 2015, the attending provider stated that the applicant had undergone failed cervical spine surgery. The applicant had residual issues with cervical myelopathy and had reportedly fallen on a few occasions, it was suggested. Ancillary complaints of low back pain were also evident. The attending provider contended that a motorized wheelchair was intended to aid the applicant in ambulating. On October 6, 2014, the applicant was asked to pursue aquatic therapy for ongoing complaints of low back pain. The applicant was placed off of work, on total temporary disability. It was suggested that the applicant was pending thoracic and/or lumbar spine surgeries. The motorized wheelchair request was reiterated, while oxycodone was renewed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient aquatic therapy 2 times a week times 3 weeks to unspecified body part:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 22 of 127.

**Decision rationale:** No, the request for six sessions of outpatient aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of 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, as was/is the case here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the attending provider has contended that earlier conservative treatments, including presumed earlier aquatic therapy, were unsuccessful. The applicant remained off of work, on total temporary disability, despite receipt of earlier physical therapy and, presumably, earlier aquatic therapy. The applicant remained dependent on opioid agents such as oxycodone. The attending provider stated that the applicant was considering lumbar spine surgery owing to the failure of conservative treatment. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTSU 9792.20f, despite presumed receipt of earlier aquatic therapy in unspecified amounts over the course of the claim. The attending provider's handwritten documentation did not, furthermore, set forth a compelling case for aquatic therapy, nor did the attending provider outline any meaningful or material benefit affected as a result of previous treatment. Therefore, the request was not medically necessary.

**Scooter (Purchase):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 99 of 127.

**Decision rationale:** Conversely, the request for a motorized scooter was medically necessary, medically appropriate, and indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a walker, cane, and/or manual wheelchair, in this case, however, the attending provider has seemingly

contended that a previously provided walker was insufficient in its ability to rectify the applicant's mobility deficits. The applicant has residual cervical myelopathic complaints with the gait disturbance/gait imbalance evident on multiple occasions in late 2014 and early 2015. It does appear that provision of a motorized scooter would be beneficial here. Therefore, the request was medically necessary.