

Case Number:	CM15-0211311		
Date Assigned:	10/30/2015	Date of Injury:	06/04/2010
Decision Date:	12/11/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 53 year old male who sustained an industrial injury on June 04, 2010. The worker is being treated for: reflex sympathetic dystrophy of lower limb; disorders of bursae and tendons in shoulder region and wrist sprain: ankle equinus right foot with antalgic gait, and sural nerve entrapment. Subjective: May 29, 2015, June 26, 2015 July 24, 2015, August 21, 2015 he reported complaint of "no changes in pain," continues with severe pain in his low back and right lower extremity. There is also complaint of lower back pain, right hip, right knee, and right foot with radiation to all extremities. The pain is associated with numbness and tingling into legs and feet. Objective: May 29, 2015, June 26, 2015, July 24, 2015, August 21, 2015 noted lumbar spine with limited ROM and right lower extremity revealed evidence of skin atrophy. There is noted evidence of muscle atrophy of the major muscle groups of the bilateral lower extremities, hyperalgesia and allodynia over the dorsum of the right foot, right malleolus and all the way from his right ankle to below the right knee. The right knee is found with full ROM, and right ankle ROM: limited by approximately 50% with pain. Diagnostics: MRI's December 24, 2014. Medications: May 29, 2105, June 26, 2015, July 24, 2015, and August 21, 2015: prescribed OxyContin, Lyrica, Ambien CR, Colace, and Flexeril. Treatment: status post wrist and lower back December 2014, DME quad cane, spine specialist consultation and hand specialist; August 04, 2015 specialist with recommendation for surgery right foot. On September 26, 2015 a request was made for 12 sessions of aqua therapy to the lumbar spine that was noncertified by Utilization Review on October 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, lumbar spine, 12 sessions: 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 Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: Aquatic therapy, lumbar spine, 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The documentation is not clear on how many prior low back PT sessions the patient has had; why he is unable to perform an independent home exercise program; evidence of intolerance to land based PT; the outcome of prior lumbar PT. Without clarification of this information and the fact that for the low back symptoms the request exceeds the recommended number of visits the request for aquatic therapy is not medically necessary.