

Case Number:	CM15-0211337		
Date Assigned:	10/30/2015	Date of Injury:	09/14/2012
Decision Date:	12/14/2015	UR Denial Date:	10/16/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 female, with a reported date of injury of 09-14-2012. The diagnoses include status post lumbar spine surgery and status post anterior cervical discectomy and fusion. The progress note dated 09-21-2015 indicates that the injured worker had been improving with the previous aquatic therapy sessions with respect to her activity tolerance. She complained of neck and back pain, which improved with medications. The physical examination showed a well-healed incision in the right side of her neck; grossly intact range of motion of the neck; normal motor examination of the upper extremities; a well-healed incision in the low back; severe tenderness in the left paralumbar musculature with guarding; referred pain with palpation to the left buttocks; decreased low back range of motion at approximately 25% of normal; grossly intact motor exam; decreased sensation in the posterolateral position; and use of a four- point cane. It was noted that the injured worker remained temporarily totally disabled. The diagnostic studies to date have included a urine drug screen on 05-18-2015 which was positive for tricyclic antidepressants. Treatments and evaluation to date have included lumbar spine surgery on 11-04-2014, aquatic physical therapy, cervical spine surgery on 03-26-2015, Percocet, and Flexeril. The request for authorization was dated 09-21-2015. The treating physician requested twelve (12) aquatic therapy visits, three (3) times a week for four (4) weeks for the lumbar spine and cervical spine. The treating physician noted that the aquatic therapy continued to improve the injured worker's activity tolerance and her overall strength. It was also noted that the injured worker had difficulty with land-based therapy modalities secondary to deconditioning and large body habitus. The aquatic therapy report dated 08-25-2015 indicates

that the injured worker had attended five aquatic physical therapy visits. It was noted that she had greater ease moving around her home. The provider indicates that the injured worker would benefit from an additional 12 visits to reach her goals. On 10-16-2015, Utilization Review (UR) non-certified the request for twelve (12) aquatic therapy visits, three (3) times a week for four (4) weeks for the lumbar spine and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 12 visits, lumbar & cervical, 3 times a week times 4 weeks: 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): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy 12 visits, lumbar and cervical spine (three times per week times four weeks) is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are status post ACDF C4 - C5 March 26, 2015; status post L4 - S1 decompression November 4, 2014; right shoulder impingement impairment; and diabetes mellitus. Date of injury is September 14, 2012. Request for authorization is October 7, 2015. There is a single aquatic therapy progress note dated August 25, 2015 indicating visit #5. According to a September 21, 2015 progress note, the injured worker is improving with past aquatic therapy sessions. The injured worker has ongoing neck and back pain. There are no VAS pain scores. Objectively, range of motion of the cervical spine is intact. There is severe tenderness overlying the left lumbar paraspinal muscles regarding. Range of motion is decreased 25%. Motor function is not. The total number of aquatic therapy sessions is not specified. Although the injured worker has subjectively improved, there is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Moreover, the treating provider requested an additional 12 sessions of physical therapy to the lumbar and cervical spine. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior aquatic therapy, no documentation indicating the total number of aquatic therapy sessions to date and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, aquatic therapy 12 visits, lumbar and cervical spine (three times per week times four weeks) is not medically necessary.