

Case Number:	CM15-0211607		
Date Assigned:	10/30/2015	Date of Injury:	07/10/2009
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: 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 55 year old male, who sustained an industrial injury on 7-10-09. The injured worker was being treated for lumbar disc degeneration, lumbosacral neuritis and cervical disc disease. On 9-2-15 and 10-7-15, the injured worker complains of constant, sharp neck pain rated 8 out of 10 without medications and 6 out of 10 with medications with radiation to arms-hands and swelling to right hand and constant sharp pain to right leg. Work status is noted to be modified duties. Physical exam performed on 9-2-15 and 10-7-15 revealed tenderness to palpation of cervical spine and lumbar spine, ambulation with a limp and uses a cane for ambulation. Treatment to date has included aqua therapy (without indication of improvement in pain or function or number of sessions completed), oral medications including Norco, physical therapy, acupuncture and activity modifications. The treatment plan included continuation of aquatic therapy and continuation of working with modifications. On 10-14-15 request for 8 sessions of aquatic therapy was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy; eight (8) sessions (2x4): 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.

Decision rationale: Although it is noted the patient tolerates the aquatic therapy, it appears no noted functional gains or pain relief has been achieved from the aquatic treatments already rendered. The patient reports unchanged activity with ongoing pain symptoms, continuing on analgesics remaining off work. 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 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 therapy 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 2009 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 showed no evidence of functional benefit, unchanged or increased chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Submitted reports have not adequately demonstrated the indication to support for the additional pool therapy. The Aquatic therapy eight (8) sessions (2x4) is not medically necessary and appropriate.