

Case Number:	CM15-0214854		
Date Assigned:	11/04/2015	Date of Injury:	01/30/2014
Decision Date:	12/23/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/30/2015

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, Hawaii

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 60 -year-old female who sustained an industrial injury on 1-30-2014 and has been treated for lumbar disc protrusion and retrolisthesis with bilateral lower extremity radiation, left shoulder pain and left knee contusion and sprain. On 8-27-2015 the injured worker reported lumbar pain with a VAS rating of 5 out of 10 with radiation to both lower extremities and muscle spasm. The left shoulder and knee were rated 2-3 out of 10. Functionality was noted to have mildly improved and included increased mobility and a decrease in pain intensity and frequency with a reduced medication intake. An assessment of activities of daily living revealed that she was having difficulty with forceful activities, kneeling, bending, squatting, and that pain had been interfering with engaging in recreational activities, sleep, concentration and thinking, and averaged 7 out of 10 during the previous week. Objective findings included observation of her having difficulty rising from sitting, and she was noted to move "with stiffness." Tenderness was noted in the left A-C joint, bicep tendon groove and superior deltoid, and left shoulder range of motion showed internal and external rotation at 80 degrees out of expected 90. There was also bilateral tenderness over the lumbar and lumbar-sacral areas, with spasm noted. Lumbar flexion was stated to be 50 out of an expected 60 degrees, and there was pain with all movements. Documented treatment includes Fluriprofen-menthol- capsasin-camphor compound cream and the note stated she uses "topicals only"; 18 acupuncture sessions; 24 physical therapy; chiropractic; and massage therapy, but the physician stated she is still symptomatic. Physical therapy was noted to have been requested but denied. A request for authorization was submitted

for 6 sessions of aqua therapy for the lumbar spine, left shoulder and left knee. This was denied on 10-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy twice a week for three weeks for the lumbar spine, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The patient presents with bilateral lower extremity pain, left shoulder, left knee and left groin pain. The current request is for Aquatic Therapy twice a week for 3 weeks for the lumbar spine, quantity 6. The treating physician's report dated 10/01/2015 (3B) states, "Will request aqua therapy to decrease pain and increase mobility/flexibility." Reports do not show a history of aquatic therapy. However, the 07/21/2015 (99C) report notes that the patient is undergoing physical therapy for the lumbar spine and left groin and that it's helping. The patient is not post-surgical. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. In this case, it does not appear that the patient has weight bearing issues like extreme obesity. Furthermore, the patient recently underwent physical therapy to the lumbar spine with reports of benefit. The patient seems to tolerate land-based therapy without any reported issues. The current request is not medically necessary.

Aquatic therapy twice a week for three weeks for the left shoulder, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The patient presents with bilateral lower extremity pain, left shoulder, left knee and left groin pain. The current request is for Aquatic Therapy twice a week for 3 weeks for the left shoulder, quantity 6. The treating physician's report dated 10/01/2015 (3B) states, "Will request aqua therapy to decrease pain and increase mobility/flexibility." Reports do not show a history of aquatic therapy. However, the 07/21/2015 (99C) report notes that the patient is undergoing physical therapy for the lumbar spine and left groin and that it's helping. The patient is not post-surgical. The MTUS Guidelines page 22 recommends aqua therapy as an option for

land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. While the patient has not received aquatic therapy for the left shoulder, it does not appear that the patient has weight bearing issues such as extreme obesity. In addition, the patient has recently received physical therapy with reports of benefit. Therefore, the patient seems to tolerate land-based therapy without any reported issues. The current request is not medically necessary.

Aquatic therapy twice a week for three weeks for the left knee, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The patient presents with bilateral lower extremity pain, left shoulder, left knee and left groin pain. The current request is for Aquatic Therapy twice a week for 3 weeks for the left knee, quantity 6. The treating physician's report dated 10/01/2015 (3B) states, "Will request aqua therapy to decrease pain and increase mobility/flexibility." Reports do not show a history of aquatic therapy. However, the 07/21/2015 (99C) report notes that the patient is undergoing physical therapy for the lumbar spine and left groin and that it's helping. The patient is not post-surgical. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. While the patient has not received aquatic therapy for the left knee, it does not appear that the patient has weight bearing issues such as extreme obesity. In addition, the patient has recently received physical therapy with reports of benefit. Therefore, the patient seems to tolerate land-based therapy without any reported issues. The current request is not medically necessary.