

Case Number:	CM15-0215447		
Date Assigned:	11/05/2015	Date of Injury:	05/12/2010
Decision Date:	12/18/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/02/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 39 year old female, who sustained an industrial injury on 5-12-2010. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic disc disease, status post lumbar disc disease with multiple surgeries and residual L5 nerve root impingement on the right, right rotator cuff pain, and right temporal mandibular joint syndrome secondary to either facial trauma or jaw lash. On 6-12-2015, the injured worker reported decreased sensation in the leg and tenderness in the right rotator cuff. The Treating Physician's report dated 6-12-2015, noted the injured worker's current medications included Fentanyl patches, Lyrica, Excedrin, Omeprazole, Claritin, Naproxen, and Paxil. The physical examination was noted to show an antalgic gait favoring the left leg, tenderness over the temporomandibular joint to palpation, and decreased touch sensation along the left L5 dermatome with tenderness of the cervical paraspinal muscles, tenderness at T8 level with pain down the left leg to the top of the left foot, and tenderness of the right anterior shoulder with reduced range of motion (ROM). Prior treatments have included chiropractic treatments, 4-5 courses of physical therapy, multiple epidural steroid injections (ESIs), Functional Restoration Program, and a percutaneous spinal cord stimulator (SCS) trial. The treatment plan was noted to include awaiting MRRI of the right shoulder and a dental consultation. The injured worker's work status was noted to be temporarily totally disabled. The 5-22-2015 Functional Restoration Program team conference report noted the injured worker with low back pain with radiation down both legs, left worse than right with associated numbness and tingling. The injured worker was noted to have gained weight due to her inactivity. The physical therapy report noted the

injured worker started her first week on a 3 day a week modified schedule due to childcare with the injured worker able to demonstrate some exercises, and demonstrated limitations in strength, mobility, and functional abilities however the injured worker was fully compliant in the testing phase and motivated to improve, and would benefit from continued participation in a Functional Restoration Program. The request for authorization dated 10-15-2015, requested psychiatric treatment 1 visit, for depression, dental consultation for evaluation of temporomandibular joint syndrome, and additional physical therapy (requesting pool therapy) 2 x 4 to low back. The Utilization Review (UR) dated 10-22-2015, certified the requests for requested psychiatric treatment 1 visit, for depression and a dental consultation for evaluation of temporomandibular joint syndrome, and non-certified the request for additional physical therapy (requesting pool therapy) 2 x 4 to low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (requesting pool therapy) 2 X 4 to low back: 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): Aquatic therapy.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, there was numerous sessions of physical therapy completed, but with minimal or no benefit, based on the notes provided for review. Also, although this worker is obese, there was no sign that land-based therapy would be more effective than aquatic therapy. Regardless, due to the significant amount of supervised therapy already completed, this worker should be able to continue any further therapy at home via home exercises done regularly, and therefore this request for additional physical therapy (pool therapy) is not medically necessary. Also, losing weight via dietary changes should be a focus which did not appear in the notes provided.