

Case Number:	CM15-0030150		
Date Assigned:	02/23/2015	Date of Injury:	03/13/2013
Decision Date:	04/22/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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 27 year old female, who sustained an industrial injury on 3/13/2013. At the time of the injury she reported pain in the lower back. She was diagnosed as having lumbar sprain and right knee sprain. Treatment to date has included physical therapy, chiropractic and medications. Per the Primary Treating Physician's Progress Report dated 1/21/2015, the injured worker reported low back pain. Physical examination revealed tenderness across the lumbar spine. There is hyper lordosis and lumbosacral spine discomfort as well as tenderness to the bilateral sacroiliac buttock and hamstrings. There is noted weakness in the right leg. Extension of 10 degrees gives her significant concordant low back pain. There is tenderness of the knee to the parapatellar and joint lines. There is 5 degrees of hyperextension. The plan of care included continuation of prescribed medications, consultation with pain management for possible medial branch blocks or radiofrequency ablation and pool/gym physical therapy. Authorization was requested for pool/gym physical therapy x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool/Gym Physical Therapy times 6 sessions for the low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy, physical medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with unrated right knee and unrated lower back pain. The patient's date of injury is 03/13/13. Patient has no documented surgical history directed at these complaints. The request is for POOL/GYM PHYSICAL THERAPY TIMES 6 SESSIONS FOR THE LOW BACK. The RFA is dated 01/21/15. Physical examination dated 01/21/15 reveals tenderness to palpation of the lumbar spine, bilateral sacroiliac region, buttocks, and hamstrings. Knee examination reveals tenderness to the peripatellar area and joint lines. The patient is currently prescribed Hydrochlorothiazide, Flexeril, and Meloxicam. Diagnostic imaging was not included. Patient is currently advised off work and classified as permanent and stationary. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for a series of supervised aquatic therapy for this patient's lower back pain, the request appears reasonable. Progress note dated 01/21/15 indicates that this patient has had some land-based physical therapy to date but that her weight makes such treatments excessively difficult. The treater also implies that this patient's physical therapy/chiropractic treatment took place sometime shortly after her injury in 2013, 2 years ago. The same progress note documents this patient's height as 5'6", weight as 344 pounds. These body dimensions calculate to a BMI of 55. MTUS guidelines allow aqua-therapy for those who cannot tolerate land-based therapy. Given the patient's obesity and the failure of land-based physical therapy to produce functional improvement and weight loss, 6 sessions of aquatic therapy is an appropriate treatment. The request IS medically necessary.