

Case Number:	CM15-0031633		
Date Assigned:	02/25/2015	Date of Injury:	07/02/2013
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 39 year old male who sustained a work related injury July 2, 2013. While walking carrying a 10 pound box, he slipped on ice, his right leg went forward and the left leg went backward, his upper body twisted and he felt immediate pain in his neck, lower back, and left knee. He was initially treated with pain medication and physical therapy. Past medical history included a left knee arthroscopy December, 2013. According to a primary treating physician's progress report dated January 13, 2015, the injured worker presented with ongoing cervical and lumbar spine pain. There is a presence of a fatty tumor, right side upper trapezius region 5 x 5 cm, soft mass, non-movable, superficial to muscle, painful to touch and positive axial compression. Handwritten notes are all not legible to this reviewer. Diagnoses are documented as lumbosacral sprain/strain and cervical sprain/strain. Treatment plan included requests for lumbar spine brace, MRI of the lumbar spine, medications, and aquatic therapy. An MRI of the lumbar spine dated January 20, 2015 (report present in medical record), reveals a 2mm midline disc protrusion resulting in effacement of the anterior thecal sac with no abutment. There is a posterior annular tear at this level. According to utilization review dated February 4, 2015, the request for Aquatic Therapy Evaluation, cervical and lumbar spine, is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Aquatic Therapy Treatment 2 x weekly for 3 weeks, lumbar spine is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy evaluation, cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 7 & 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

Decision rationale: California MTUS guidelines state that: 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. MD Guidelines similarly states, If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP. The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report severe degenerative joint disease. No objective clinical findings were provided, however, that delineated the outcome previous physical therapy treatments. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. Regarding the number of visits, MTUS states: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The treating physician does not document active self directed physical medicine with a home exercise program or ongoing PT. In addition the treating physician does not detail a trial and failure of physical therapy. As such, the current request for Aquatic therapy evaluation, cervical and lumbar spine is not medically necessary.

Aquatic therapy treatment, 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 7 & 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MD Guidelines, Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

Decision rationale: California MTUS guidelines state that 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. MD Guidelines similarly states: If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP. The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report severe degenerative joint disease. No objective clinical findings were provided, however, that delineated the outcome of previous physical therapy treatments. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. Regarding the number of visits, MTUS states: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The treating physician does not document active self directed physical medicine with a home exercise program or ongoing PT. In addition the treating physician does not detail a trial and failure of physical therapy. As such, the current request for Aquatic therapy treatment, 2x3 is not medically necessary.