

Case Number:	CM15-0035386		
Date Assigned:	03/03/2015	Date of Injury:	08/03/2008
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/25/2015

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 49 year old female, who sustained an industrial injury on August 3, 2008. The diagnoses have included cervical radiculopathy, lumbar degenerative disc disease, cervical degenerative disc disease, and shoulder joint pain. Treatment to date has included lumbar surgery, aqua therapy and medication. Currently, the injured worker complains of ongoing back, neck and shoulder pain. She reports that the pain is aggravated with activity. On examination, the injured worker reports tenderness to palpation over the lumbar spine. She uses a cane for ambulation and a lumbar brace for support. She reports that her medications provide some pain relief. The documentation reflects that the injured worker has completed six sessions of aqua therapy with no documentation of specific functional improvement, reduction in medications and/or change in work status related to the aquatherapy. On February 13, 2015 Utilization Review non-certified a request for continued pool therapy for the lumbar spine, noting that there is no evidence of objective measurable gains related to the injured worker's previous aquatherapy. The California Medical Treatment Utilization Schedule was cited. On February 25, 2015, the injured worker submitted an application for IMR for review of continued pool therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Pool Therapy: Upheld

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

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

Decision rationale: According to the 02/08/2015 progress report, this patient presents with "pain all over." The current request is for Continued Pool Therapy. The request for authorization is on 02/09/2015 and the patient's work status is "Permanent and Stationary." Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Based the records made available for review, the treating physician indicates that the "patient has finished a course of 6 sessions of therapy. She needs another 12 sessions of pool therapy" and "therapy has been helping great deal." However, there is no pool therapy reports provided for review. The treating physician did not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. The patient height is 66.00 inches and weight is 190 lbs. There is no discussion as to why the patient cannot tolerate land-based therapy. In this case, the treating physician requested to continue Pool Therapy without indicating the number of sessions requested. MTUS limits therapy treatments to 10 sessions for this type of condition. Without knowing the number of sessions requested; one cannot make the appropriate recommendation. Therefore, the current request IS NOT medically necessary.