

Case Number:	CM15-0035841		
Date Assigned:	03/04/2015	Date of Injury:	11/17/2008
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 44 year old female, who sustained an industrial injury on 11/17/2008. The current diagnoses are cauda equina syndrome, neuropathic pain, spinal stenosis of the lumbar spine, and arthropathy of the lumbar facet joint, inflammation of rotator cuff tendon, arthritis of shoulder joint region, biceps tendinitis, and depressive disorder. Currently, the injured worker complains of right shoulder pain with restricted range of motion. Additionally, she reports sharp, burning pain in her feet and legs. Current medications are Fentanyl patch, Neurontin, Cymbalta, Norco, and Xanax. The physical examination reveals mild tenderness to palpation over the right anterior shoulder and acromioclavicular joint. Range of motion: Abduction 160degrees, forward flexion 160 degrees, and internal/external rotation S1 level 60degrees. Muscle strength in the bilateral hips is slightly decreased. Sensory exam reveals decreased sensation to pin prick below the knee and posterior thigh. There is pitting edema noted. Treatment to date has included medications, physical therapy, aqua therapy, and steroid injection. The treating physician is requesting outpatient daily pool aid for 6 months, which is now under review. On 2/13/2015, Utilization Review had non-certified a request for outpatient daily pool aid for 6 months. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Daily pool aid for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine - Aquatic therapy Page(s): 98-99.

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 pain to the bilateral feet and legs with a sharp and burning quality. The patient's date of injury is 11/17/08. Patient is status post bilateral L3-4 and L4-5 laminectomy at a date unspecified. The request is for DAILY POOL AID FOR 6 MONTHS. The RFA was not provided. Physical examination dated 01/29/15 reveals decreased motor strength to the bilateral hips and tenderness to palpation of the right anterior shoulder and AC joint. Neurological examination reveals decreased sensation below the knee and posterior side bilaterally. The patient is currently prescribed Fentanyl patches, Hydrocodone, Cymbalta, Pantoprazole, and Gabapentin. Diagnostic imaging was not included. Patient is currently not working, classified as permanent and stationary. MTUS Guidelines, page 22, under Aquatic therapy states: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. 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. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, pages 98-99, under Physical Medicine: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." In regard to the request for six months of aquatherapy sessions for the management of this patient's chronic lower back pain, the treater has specified an excessive number of treatments. Given this patient's significant medical history, aquatic therapy could produce pain and functional improvement. However, the treater has requested six months of therapy exceed MTUS guidelines that indicate a maximum of 10 sessions for complaints of this nature. Additionally, progress note dated 01/29/15 suggests that this patient has completed an unspecified number of aquatherapy sessions to date, though no documentation of pain reduction or functional improvement is provided. Therefore, this request IS NOT medically necessary.