

Case Number:	CM15-0054947		
Date Assigned:	03/30/2015	Date of Injury:	01/21/2000
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/23/2015

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, Pain Management

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 56 year old male, who sustained an industrial injury on 01/21/2000. He reported suffering injury to the neck and back associated with bilateral lower extremities including bilateral knees. He is status post lumbar fusion 2011 and status post lumbar disc replacement in 2004. Diagnoses include chondromalacia bilateral knees, rule out internal derangement, degenerative disc disease, and cervical disc bulge with stenosis. Treatments to date include medication therapy, physical therapy, and epidural injections. Currently, he complained of ongoing low and mid back pain. On 2/23/15, the physical examination documented difficulty walker and transferring. There was tenderness of multiple regions of the spine, decreased range of motion and guarding with muscle spasms noted. The plan of care included continuation of medication therapy and aquatic therapy. Patient has not tolerated land therapy well in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment other than a mention that the patient has not tolerated land-based therapy in the past with no further specifics provided. There is no statement indicating whether the patient is performing a home exercise program on a regular basis and whether or not that home exercise program has been modified if it has been determined to be ineffective. Furthermore, the requested number of sessions exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of clarity regarding the above issues, the currently requested aquatic therapy is not medically necessary.