

Case Number:	CM15-0083144		
Date Assigned:	05/05/2015	Date of Injury:	09/19/2000
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 51-year-old female, who sustained an industrial injury on 9/19/00. The injured worker has complaints of neck and upper back pain. The diagnoses have included displacement of cervical intervertebral disc without myelopathy; displacement of lumbar intervertebral disc without myelopathy; cervicgia neck pain and brachial neuritis or radiculitis not otherwise specified and lumbago. Treatment to date has included magnetic resonance imaging (MRI) of the shoulder indicated a repeat surgery was necessary on her left shoulder; omeprazole for gastrointestinal bleed prophylaxis; gabapentin for nerve type pain; ibuprofen for mild-to-moderate pain relief and inflammation; elavil as needed for insomnia and capsaicin cream for localized myofascial pain relief; X-rays of the lumbar and cervical spine; magnetic resonance imaging (MRI) of the left shoulder, cervical and lumbar spine; home exercise program; transcutaneous electrical nerve stimulation unit and pool therapy. The request was for pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy for c/s l/s x12: Upheld

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

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 initial injury occurred 15 years prior in 2000. There is no documentation of re-injury. The medical documents provided do indicate that patient is obese. There are no imaging results provided that report "severe degenerative joint disease." Records provided indicate that the patient received numerous physical therapy sessions (to include home exercises) over the 15 years. No objective clinical findings were provided, however, that delineated the outcome of those 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 number of requested visits is in excess of the initial six-visit trial. The treating physician does not document a reason to grant additional visits in excess of this trial. The request for Pool therapy for C/S L/S x 12 is not medically necessary.