

Case Number:	CM15-0083707		
Date Assigned:	05/06/2015	Date of Injury:	05/15/2012
Decision Date:	06/04/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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 42-year-old female, who sustained an industrial injury on 5/15/12. Initial complaints were not reviewed. The injured worker was diagnosed as having Protrusion L4-5 and L5-S1 neural encroachment and radiculopathy; lumbar spondylosis; cervical sprain/strain; right shoulder pain; left shoulder pain and reactive anxiety. Treatment to date has included physical therapy; aquatic therapy; medications. Diagnostics included MRI lumbar spine 4/29/14); EMG/NCV lower extremities (1/9/14). Currently, the PR-2 notes dated 2/20/15 indicated the injured worker complains of low back pain and lower extremity symptoms with pain level at 8/10. Recalls aqua therapy did facilitate diminution in pain and improve tolerance to activity and is inquiring regarding additional aquatic therapy to provide relative de-conditioning. The provider also notes cervical pain at 6/10, right shoulder pain 7/10 and left shoulder pain 5/10. The injured worker also complains of reactive anxiety and as a result is in isolation behavior. The injured worker is taking intermittent Tramadol and Tylenol and does help the pain. Objective findings reveal tenderness to the lumbar and cervical spine. Lumbar range of motion note flexion 40 degrees, extension 30 degrees and bilateral tilt at 30 degrees, positive straight leg raise bilaterally and diminished sensation to the bilateral L5 and S1 distributions. Cervical range of motion on flexion is 40 degrees, extension at 30 degrees with left and right rotation 30 degrees. There is tenderness at the bilateral shoulders anterior aspect and at AC with limited range of motion with pain. There is crepitus with range of motion assessment. Other records include the injured worker is a status post L5-S1 microdiscectomy in 4/2008.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, 2 times per week for 6 weeks (12 sessions), Lumbar Spine: 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 Physical Therapy, pages 98-99.

Decision rationale: Aquatic Therapy does not seem appropriate, as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar (last in April 2008 for one level microdiscectomy) or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aquatic Therapy, 2 times per week for 6 weeks (12 sessions), Lumbar Spine is not medically necessary and appropriate.