

Case Number:	CM15-0084690		
Date Assigned:	05/08/2015	Date of Injury:	11/07/2008
Decision Date:	06/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

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 55 year old male, who sustained an industrial injury on 11/7/2008. He reported falling from a ladder, resulting in injury of the left arm, and low back. The injured worker was diagnosed as having pain in shoulder joint, lumbosacral spondylosis, and lumbar spinal stenosis. Treatment to date has included physical therapy, left arm surgery, cane, CT scan, and functional restoration program. The request is for 12 sessions of aquatic therapy, and a 6 month gym membership with pool. A report dated 4/15/2015, indicated he continued to have low back pain with radiation into the buttocks and down the thighs to the knees. He reported having numbness in the back with occasional weakness in the legs. The treatment plan included: aquatic therapy to help increase his activity without fear of falling down. The records indicated he had completed a functional restoration program, and reported it to be helpful, but felt it did not address his back issues well enough. The records indicated he reported having difficulty with land based exercises due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy & Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in November 2008 and continues to be treated for radiating low back pain. When seen, he was trying to lose weight but having difficulty with land based exercises due to morbid obesity. He had decreased lumbar range of motion with muscle spasms and guarding with diffuse weakness and decreased sensation. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, claimant is noted to be morbidly obese and a trial of pool therapy would be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.

6 months gym membership with pool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Gym memberships (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) American College of Occupational and Environmental Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: The claimant sustained a work-related injury in November 2008 and continues to be treated for radiating low back pain. When seen, he was trying to lose weight but having difficulty with land based exercises due to morbid obesity. He had decreased lumbar range of motion with muscle spasms and guarding with diffuse weakness and decreased sensation. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, claimant is noted to be morbidly obese and a trial of pool therapy would be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and consideration of a gym membership would then be appropriate. Therefore the request is not medically necessary.

