

Case Number:	CM15-0237766		
Date Assigned:	12/14/2015	Date of Injury:	03/25/1978
Decision Date:	01/27/2016	UR Denial Date:	12/06/2015
Priority:	Standard	Application Received:	12/06/2015

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: Emergency Medicine

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 68 year old male, who sustained an industrial injury on 3-25-78. The injured worker was diagnosed as having lumbar back pain; lumbar spine radiculopathy; known lumbar spine HNP. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-6-15 are hand written. These notes appear to indicate the injured worker complains of lower back pain with radiating pain and numbness posterior legs. Objective findings note positive straight leg raise bilaterally worse on the left with diminished right and positive EMG. The provider documents on page two notes: "low back pain remains persistent complaint with unchanged gait and ambulation. Patient remains on meds with no need to make changes today, no new renewal needed. In short, no new complaints or subjective worsening. Back lumbar spine range of motion is status quo. Palpable lumbar spine pain remains discernible." Requests for physical therapy and aquatic therapy repeatedly denied authorization. The provider is requesting physical therapy with aquatic therapy on this date. The medical documentation for 2015 does not indicate any physical therapy or aquatic therapy has been approved or completed. A Request for Authorization is dated 12-6-15. A Utilization Review letter is dated 12-6-15 and non-certification for Physical therapy with aqua therapy times 12. A request for authorization has been received for Physical therapy with aqua therapy times 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with aqua therapy Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: A "letter of appeal" dated "17 Dec 17" was reviewed. It provided no clinical information except to espouse provider's irrelevant beliefs concerning the UR process. Provider claims requested services is to "reduces pain and spasms". Provider claims information requested in prior UR was "already provided" but provider continues to consistently fail to document all necessary components needed for approval. As per MTUS Chronic pain guidelines, Aquatic Therapy may be recommended as an optional form of exercise and/or physical therapy where the patient is not able to tolerate land based therapy. It may have some additional benefits in patients with fibromyalgia, which is likely due to exercise. There is no documentation as why the pt cannot tolerate land-based therapy. There is no noted failure of standard physical therapy or a home based exercise therapy. There is no documentation of any change or worsening of chronic pain. Patient is reportedly using a gym so it is unclear why any PT was needed except for vague non-evidence based statements. There is no documentation of how many prior PT/Aqua Therapy have been completed and what objective benefit was received from prior sessions. Provider has continued to fail to provide necessary information as required by MTUS guidelines. Aquatic therapy is not medically necessary.