

Case Number:	CM14-0122268		
Date Assigned:	09/23/2014	Date of Injury:	06/08/2012
Decision Date:	10/29/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year old male who was injured on 06/08/2012. The mechanism of injury is unknown. Prior treatment history has included Tylenol No. 3, physical therapy, injections and analgesics. The patient underwent Achilles surgery on 5/29/13. Initial office visit dated 07/16/2014 states the patient presented with complaints of low back pain and bilateral leg pain with radiation into the front of both thighs and down to the knees. He also reported paresthesia in the back of the calf on the left side. He noted that movement exacerbates his pain and his exercise is limited secondary to the pain. On examination, he had moderate paraspinal muscle spasm of the lumbar spine with diffuse tenderness noted. Range of motion revealed limited flexion. His straight leg raise test was negative for radiculopathy but it reproduced low back pain. The patient was diagnosed with mechanical low back pain, bilateral leg pain suggestive of radiculopathy, and spondylolisthesis of L5 on S1 grade 1. This patient was recommended for 6 pool sessions as per note dated 07/20/2014. Prior utilization review dated 07/31/2014 states the request for Six (6) pool therapy sessions is modified to certify 2 pool sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) pool therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine, Page(s): 22, 98-9.

Decision rationale: According to MTUS guidelines, aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. 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. For recommendations on the number of supervised visits, see Physical medicine..." In this case a request is made for an additional 6 pool therapy sessions "for instruction on independent pool exercise" for a 63-year-old male with chronic low back pain, lumbar disc disease, lumbar spondylosis, and left Achilles pain status post Achilles surgery on 5/29/13. However, medical records do not establish the need for reduced weight-bearing. While the patient is obese (5'7" and 222 lbs.), he is not extremely obese. There are no neurologic deficits on examination or evidence of nerve compromise on diagnostic studies. He is able to ambulate without difficulty. Further, the patient recently completed at least 6 visits of pool therapy without evidence of clinically significant functional improvement, including reduction in dependency on medical care. He should be well-versed in pool exercise and able to implement such exercise independently at this point. Medical necessity is not established for additional pool therapy.