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| Case Number: | CM14-0127230 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 08/09/2012 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 56-year-old male with date of injury of 08/09/2012. The listed diagnoses per [REDACTED] from 07/14/2014 are: 1. Joint pain in the ankle and foot. 2. Degeneration of the lumbar intervertebral disk. According to this report, the patient complains of bilateral low back pain which is worsening with treatment. He states that exercise exacerbates his pain, so he stopped physical therapy. The patient is experiencing "locking" and swelling in his right foot. He states that he is unable to stand for more than 5 minutes due to his back pain. The examination shows the patient is well-nourished, well-developed in no acute distress. The patient's gait is antalgic favoring the left. No other findings were reported on this examination. The utilization review denied the request on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Aquatic therapy 1 x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: This patient presents with bilateral low back pain and right foot pain. The treating physician is requesting 6 sessions of aquatic therapy. The MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing. For the number of treatments, the MTUS page 98 and 99 under physical medicine section states that 8 to 10 sessions are indicated for various myalgias and neuralgias. The 12/31/2013 physical therapy report notes that the patient's range of motion is normal in the lumbar spine. Also, the patient's leg strength is improved as well as his core strength. The therapist discharged the patient to a home program. The 06/10/2014 physical therapy report showed that the patient continues to report high levels of discomfort with activities; however, he is motivated to improve, but remains frustrated with slow progress. The therapist states that the patient is independent in his home program consisting primarily of myofascial release protocol including stretching. The records show that the patient completed 6 physical therapy sessions on 12/13/2013 and another 6 sessions of physical therapy was authorized as of 06/10/2014. All of which are land-based therapy. In this case, the patient has successfully completed some 12 land-based physical therapy sessions to date. While the 07/14/2014 report notes that "exercise exacerbates his pain, so he stopped PT," there does not appear to be any issue with weight bearing. Furthermore, the requested 6 sessions when combined with the previous 12 would exceed MTUS Guidelines. Therefore, this request is not medically necessary.