MAXIMUS Federal Services

Case Number:	CM14-0184662		
Date Assigned:	11/12/2014	Date of Injury:	02/12/2005
Decision Date:	12/18/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/05/2014

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 68 year old female with an injury date of 02/12/05. In the progress report dated 10/02/14, the patient complains of low back pain radiating into the lower extremities, left more than the right. The pain radiates to the lateral and posterior aspects of the left leg to the knee and is often accompanied with numbness and tingling. The patient also suffers from neck pain that radiates to the upper extremities along with numbness and tingling that are more prominent on the left than the right. The patient currently rates her pain as 8-9/10. Physical examination reveals moderate cervical paraspinal muscle tenderness to palpation along with limited cervical range of motion on all planes. There is limited range of motion of the left shoulder and lumbar spine as well. There is moderate posterior knee muscle tenderness to palpation bilaterally. The deep tendon reflexes are depressed bilaterally in the lower extremities. The patient also exhibited diminished sensation to pinprick on the lateral and anterior aspects of the left thigh and lateral calf, and anterior tibia. Her list of medications includes Ibuprofen, Flanax, Tramadol, Lunesta, and Zantac. The patient underwent left total knee replacement surgery on 10/08/08, as per AME report dated 05/14/14. She also underwent left knee arthroscopy on 05/04/12 and left shoulder arthroscopy in August, 2013,as per the same AME report. The AME report also states that the "patient obtained some relief with epidural injections to her back." (no date provided).MRI of the Lumbar spine, dated 10/29/10, as per progress report dated 10/02/14- Degenerative spondylolisthesis at L4-5 with severe spinal stenosis and moderate foraminal narrowing compressing exiting L4 nerve roots.- Compression of exiting L5 nerve root.Diagnosis, 10/02/14- Chronic neck pain secondary to cervical degenerative disc disease- Left shoulder pain secondary to degenerative joint disease- Left knee pain status post total knee replacement- Chronic low back pain, spondylolisthesis at L4-5, and spinal stenosisThe treater is requesting for pool

(aquatic) therapy, qty: 6 sessions. The utilization review determination being challenged is dated 10/31/14. The rationale was "medical records do not establish how many therapy sessions the patient has completed, when the last course of therapy was completed, and the outcome of that treatment." Treatment report was provided for 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool (aquatic) therapy, QTY: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding aquatic therapy, Physical medicine Page(s): 22, 98, 99.

Decision rationale: This patient presents with low back pain and neck pain, rated at 8-9/10 that radiates to lower and upper extremities. The patient also experiences numbness and tingling sensation in the extremities, as per progress report dated 10/02/14. The request is for Pool (Aquatic) Therapy, Qty: 6 Sessions. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." The review of available reports indicates that the patient suffers from chronic lower back pain and neck pain that radiates into the lower and upper extremities. Although the patient underwent arthroscopy for shoulder and left knee and total left knee replacement, she did not get the desired relief. The treater does not document any weight-bearing issues to warrant water therapy. There is no evidence that the patient is not able to tolerate land-based exercises. The treater does not discuss the rationale for the request. There is no discussion of a flare-up, or decline in function requiring formalized therapy. A short-course of therapy may be warranted if the patient has not had any therapy in the recent past and the patient's condition is exacerbated. Given the lack of such documentation therefore request is not medically necessary.