

Case Number:	CM14-0185223		
Date Assigned:	11/13/2014	Date of Injury:	06/16/2008
Decision Date:	12/19/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family 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:

This is a 55 year old female patient who sustained a work related injury on 6/16/2008. The exact mechanism of injury was not specified in the records provided. The current diagnoses include low back pain, disc disorder lumbar, pain in limb and hip bursitis. Per the doctor's note dated 10/16/14, patient has complaints of low back pain. A physical examination revealed tenderness over the left SI joint injection, heel and toe walk were normal, positive Gaenslen's test, normal motor and sensory examination and all special tests were negative. The current medication lists include Celebrex, Valium and Vicodin. The patient has had Lumbar MRI on 8/25/14 that revealed bulging of the annulus at multiple levels as above without herniated fragments, at L4-5 the bulging and MRI of the Right Shoulder on 08/09/14 that revealed moderate supraspinatus tendinopathy with partial thickness tear, mild degenerative arthritis; MRI of the left knee on 3/5/12 degenerative changes in left knee, chondromalacia lateral patellar facet and small joint effusion. Any surgical or procedure note related to this injury were not specified in the records provided. She has had several injections for this injury and has received left SI joint injection for this injury. The patient has received an unspecified number of PT and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy greater trochanteric bursitis (US and stretching) and her left sacrolitis for 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: Per 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." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. The patient has received an unspecified number of the PT and acupuncture visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Aquatic physical therapy greater trochanteric bursitis (US and stretching) and her left sacrolitis for 24 sessions is not fully established in this patient. Thus, the request is not medically necessary.