

Case Number:	CM14-0211964		
Date Assigned:	01/02/2015	Date of Injury:	11/28/2008
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Physical Medicine & Rehabn, Pain Management

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 patient with a date of injury of November 28, 2008. A utilization review determination letter dated November 19, 2014 recommends noncertification of 12 sessions of aquatic therapy for the low back. Noncertification was recommended since the patient has completed 6-7 months of therapy without significant improvement. A report dated November 7, 2014 identifies subjective complaints of neck pain, right shoulder pain, bilateral hand/wrist pain, low back pain, and bilateral groin pain. The note indicates that she was treated with physical therapy for 6-7 months without much improvement in 2009. The patient is having difficulty with completing activities of daily living. Physical examination revealed a stiff gait, tenderness around the cervical spine, reduced range of motion in the cervical spine, tenderness around the supraspinatus tendon, mild hypoesthesia in the right median nerve distribution, decreased hip range of motion, and tenderness over both groins. Diagnoses include cervical spondylosis/stenosis, status post left shoulder arthroscopy, lumbar spondylosis, L5-S1 anterior spondylolisthesis, and bilateral hip degenerative joint disease. The treatment plan recommends aquatic therapy for chronic back/hip pain with failed response from prior land treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 12 sessions for lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. ODG goes on to suggest a 6-visit clinical trial. Within the documentation available for review, there is no indication that the patient would be unable to tolerate land-based therapy. Additionally, the currently requested 12 visits exceed the 6-visit trial recommended by guidelines. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.