

Case Number:	CM15-0014623		
Date Assigned:	02/02/2015	Date of Injury:	11/24/1999
Decision Date:	03/19/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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: Emergency Medicine

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 injured worker was a 64 year old female, who sustained an industrial injury, November 24, 1999. The injured worker was diagnosed with spinal stenosis, low back surgery September 13, 2012, cervical disc bulge, carpal tunnel syndrome of the bilateral hands, fusion of T10 to sacrum, persistent pain related to loosened hardware from the lumbar fusion with persistent pain in the lumbar spine with left sided sciatica. The injured worker also suffers from depression and anxiety. The injured worker previously received the following treatments of psychiatric evaluation, walker with seat, physical therapy for the cervical neck, low back and hands, bilateral carpal tunnel release, fusion of t10 to sacrum. According to progress note of December 18, 2014, the injured workers chief complaint was pain in the neck, low back. Bilateral hands, mid and lower back. The pain was increased with motion. The physical exam noted tenderness with palpation about the thoracolumbar area. Straight leg test was positive on the left. The physical exam noted spasms at the bilateral trapezial areas with paraspinal tenderness. On December 18, 2014, the primary treating physician requested aquatic therapy 3 times a week for the lower back and 3 times a week for the lower back. On January 12, 2015, the utilization review denied authorization for aquatic therapy 3 times a week for 4 weeks for the neck and aquatic therapy for the lower back. The utilization Reviewer referenced MTUS/ACOEM and ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3x4 for the neck and lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine , Aqua Therapy Page(s): 98-99 and 22.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already completed 24 prior sessions with no noted improvement. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions is necessary. Aqua therapy is recommended if patient cannot tolerate land based therapy. There is no documentation as to why patient cannot tolerate standard land based physical therapy despite patient completing over 24 sessions. Additional Physical Therapy and/or Aqua Therapy is not medically necessary.