

Case Number:	CM15-0018905		
Date Assigned:	02/06/2015	Date of Injury:	05/04/2013
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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: Physical Medicine & Rehabilitation

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 is a 23 year old female with an industrial injury dated 05/04/2013. She presented 01/07/2015 for follow up of her work-related injury to her low back and right shoulder. She was complaining of back pain rated 5/10, right shoulder pain rated 3/10 and left ankle pain rated 3/10. Physical exam noted slow antalgic gait, tenderness to the acromioclavicular joint and painful rotation internally with extension to the right sacroiliac joint. There was decreased range of motion of the lumbar spine with tenderness, spasm and tightness. Sciatic stretch is positive with sacroiliac joint tenderness and thoracic referral pain as well. Prior treatments included medications, creams and diagnostics. MRI of the right shoulder done 01/06/2015 and MRI of the lumbar spine done on 12/24/2014 are available in the submitted records. Diagnoses included resolving shoulder impingement with acromioclavicular arthrosis, mild lumbar discopathy with chronic sprain/strain syndrome, right ankle ligament tearing and strain and internal derangement, right knee, with Chondromalacia patella. The provider requested aquatic therapy noting the injured worker had gained 20 pounds since 11/2014, noting this was causing more pain. On 01/26/2015 the request for aquatic therapy two times a week for four weeks to lumbar spine was non-certified by utilization review. MTUS/ACOEM was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy Sessions to the Lumbar Spine (2 times a week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aqua Therapy Sessions to the Lumbar Spine (2 times a week for 4 weeks) is not medically necessary and appropriate.