MAXIMUS Federal Services

Case Number:	CM15-0018917		
Date Assigned:	02/06/2015	Date of Injury:	11/06/2006
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
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 63-year-old female, who sustained an industrial injury on 11/6/06. The injured worker has complaints of neck pain and low back pain. The neck pain radiates along the left shoulder down the left upper extremity into the hand with numbness and tingling. The injured worker has bilateral lower extremity pain and weakness. Lumbar spine palpation elicits tenderness and spasm of the paralumbar muscles bilaterally and range of motion is limited in all planes. The diagnoses have included status post lumbar spine AP fusion, performed in 2010 with pseudoarthrosis/nonunion at L5-S1; status post lumbar spine fusion, July 17, 2013; minimal disc bulge at L2-l3; mild disc bulge at L3-L4 with spondylosis; bilateral neural foraminal stenosis at l5-S1; status post lumbar spine revision surgery; status post postoperative revision infection and scar formation, abdominal incision site; cervical sprain/strain and rule out cervical herniated nucleus pulposus. Treatment to date has included physical therapy; chiropractic treatment; rest and home exercise program; Magnetic Resonance Imaging (MRI) of the cervical spine and medications. According to the utilization review performed on 1/9/15, the requested Aquatic Physical Therapy 2 times a week for 6 weeks for the Cervical Spine and Lumbar Spine has been non-certified. CA MTUS Treatment Guidelines section on aquatic therapy was used in the utilization review. The medical records do not provide a rationale as to why this patient requires aquatic rather than land-based therapy at this time or why this patient requires additional supervised rather than independent rehabilitation at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 2 times a week for 6 weeks for the Cervical Spine and Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

Decision rationale: The 1/09/15 Utilization Review letter states the aquatic therapy 2x6 requested on the 12/17/14 medical report was denied because the records did not discuss why aquatic therapy was necessary over land-based exercises. The 12/17/14 neurosurgery report states the patient presents with 7-8/10 neck and 6/10 low back pain with radiation to the left shoulder and left upper extremity to the hand with numbness and tingling. The patient has bilateral lower extremity pain and weakness. The diagnoses includes: s/p lumbar AP fusion in 2010 with pseudoarthrosis/nonunion L5/S1; s/p lumbar fusion 7/17/13; disc bulging at L2/3 and L3/4. Bilateral foraminal stenosis at L5/S1; s/p lumbar spine revision surgery; s/p postoperative revision infection and scar formation, abdominal incision site; cervical strain; rule out cervical HNP. The 8/29/14 pain management report documents the patient's height at 5'2", and weight at 140 lbs. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for aquatic therapy states: 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. For recommendations on the number of supervised visits, see Physical medicine. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The MTUS guidelines recommend aquatic therapy as an option to land-based physical therapy. MTUS states the number of sessions is 8-10 for various myalgias or neuralgias. The request for 12 sessions of aquatic therapy exceeds the MTUS recommendations. Aquatic therapy 2 times a week for 6 weeks for the cervical spine and lumbar spine IS NOT medically necessary.