

Case Number:	CM15-0019913		
Date Assigned:	02/09/2015	Date of Injury:	12/02/2013
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 54 year old female, who sustained an industrial injury on 12/2/2013. She reports a back, neck and right shoulder injury. Diagnoses include neck sprain, right shoulder impingement syndrome and lumbar discopathy. Treatments to date include therapy and medication management. A progress note from the treating provider dated 12/12/2014 indicates the injured worker reported lumbar and shoulder pain. On 1/6/2015, Utilization Review non-certified the request for 8 aquatic therapy visits and lumbar support, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Outpatient Aquatic Therapy 2x4 Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CSA MTUS, CA MTUS page 22

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Pain section, Aquatic therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional outpatient aquatic therapy two times per week times four weeks to the lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis of right shoulder impingement syndrome; cervical sprain/strain syndrome; and lumbar discopathy. The documentation contains a prescription dated July 14, 2014 for 8 acupuncture sessions. A progress note dated August 15, 2014 indicates the injured worker is receiving acupuncture and physical therapy. There is no additional documentation regarding how many acupuncture sessions have been received and how much physical therapy the worker is to receive or has received to date. A progress note dated October 13, 2014 states the injured worker is receiving aquatic therapy and acupuncture. Again, there is no documentation in the medical record with a clinical indication or clinical rationale for aquatic therapy. The injured worker is 5'1 and weighs 140 pounds. Aquatic therapy is an alternative to land-based physical therapy. There is no clinical indication or rationale (supra) for aquatic therapy in the medical record. Additionally, there are no physical therapy notes for aquatic therapy. Aquatic therapy is an alternative to land-based therapy. The guidelines state: "When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted." The documentation states the injured worker had prior aquatic therapy. However, there are no compelling clinical facts to warrant additional aquatic therapy (or physical therapy). Consequently, absent clinical documentation with a clinical indication or clinical rationale and evidence of objective functional improvement with prior aquatic therapy, additional outpatient aquatic therapy two times per week times four weeks to the lumbar spine is not medically necessary.

Purchase of a Lumbar Support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low back section, lumbar supports

Decision rationale: Pursuant to the ACOEM and the official disability guidelines, lumbar supports are not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports do not prevent low back pain. In this case, the injured worker's working diagnosis of right shoulder impingement syndrome; cervical sprain/strain syndrome; and lumbar discopathy. The documentation contains a prescription dated July 14, 2014 for 8 acupuncture sessions. A progress note dated August 15, 2014 indicates the injured worker is receiving acupuncture and physical therapy. There is no

additional documentation regarding how many acupuncture sessions have been received and how much physical therapy the worker is to receive or has received to date. A progress note dated October 13, 2014 states the injured worker is receiving aquatic therapy and acupuncture. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. The guidelines state lumbar supports are not recommended for prevention. Consequently, the clinical guidelines do not recommend lumbar supports and, as a result, the lumbar supports are not medically necessary.