

Case Number:	CM15-0113467		
Date Assigned:	06/19/2015	Date of Injury:	09/06/2006
Decision Date:	07/20/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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 44 year old male with an industrial injury dated 09/06/2006, The mechanism of injury is documented as repetitive movement. His diagnoses included cervical spine sprain/strain, and lumbar spine radiculopathy. Prior treatment included chiropractic treatment, physical therapy and medications. Co morbid diagnoses included hypertension and diabetes. The injured worker presents on 05/07/2015 with complaints of neck and back pain with left upper and lower extremity numbness and tingling. In the 04/28/2015 progress note the neck pain is rated as 5-8/10. She also complained an increase in low back pain. Physical exam revealed tenderness of cervical and lumbar paraspinal and left shoulder. There is documentation in the 04/28/2015 note of MRI of cervical spine showing disc herniation at cervical 5-6. MRI of lumbar spine showed multiple disc protrusion and thoracic spine also showed multiple disc protrusion. There is no formal report in the submitted records. Treatment plan included follow up with internist, psychologist, continue physical therapy, chiropractic treatments, Mentherm cream/gel, EMG/NCV upper and lower extremities and aqua therapy. The request is for 18 aquatic therapy 2-3 times 6 weeks for the neck, as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Aquatic therapy 2-3 x 6 weeks for the neck, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Cervical and Thoracic Spine, Table 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 functional 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 18 Aquatic therapy 2-3 x 6 weeks for the neck, as outpatient is not medically necessary and appropriate.