

Case Number:	CM15-0174031		
Date Assigned:	09/15/2015	Date of Injury:	03/29/2012
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 64 year old female, who sustained an industrial injury on 03-29-2012. The injured worker was diagnosed as having sprain-strain of thoracic region and sprain-strain of lumbar regional. On medical records dated 07-28-2015 and 06-25-2015, subjective complaints were noted as thoracic back and lower back pain. Pain was noted as feeling better with pool exercises and medication. The objective findings did not reveal specific lumbar spine or thoracic spine issues on visit notes dated 06-25-2015 and 07-28-2015. The injured worker was noted to be permanent and stationary with permanent work restrictions. Treatment to date included medication, home exercise program, and pool therapy. Current medication was listed as Voltaren Gel, Tylenol #3, Capsaicin Cream and Lidoderm patch. The Utilization Review (UR) was dated 08-17-2015. A Request for Authorization was dated 08-10-2015. The UR submitted for this medical review indicated that the request for 12 Aquatic based physical therapy sessions for the treatment of the thoracic and lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aquatic based Physical Therapy sessions for the treatment of the thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in March 2012 and is being treated for right knee and back pain. When seen, she was having low back pain radiating into the thoracic spine, increased with extended periods of activity. She was also having thoracic pain and right knee pain. Physical examination findings included moderate obesity. There was an antalgic gait. Examination of the spine included spinous process and paraspinal muscle tenderness with muscle hypertonicity. Authorization is being requested for 12 sessions of aquatic therapy. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would be appropriate. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there were benefit, transition to an independent pool program would be expected and would not be expected to require the number of requested treatments. The request is not medically necessary.