

Case Number:	CM15-0178633		
Date Assigned:	09/18/2015	Date of Injury:	09/28/2005
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on September 28, 2005. Medical records indicate that the injured worker is undergoing treatment for cervical spinal stenosis, pain in the joint of the shoulder, neck pain, anxiety and depression. The injured worker was noted to be permanent and stationary. Current documentation dated July 29, 2015 notes that the injured worker reported neck, upper extremity and low back pain. The injured worker also noted pain in both hands with gripping and repetitive motion. Associated symptoms include constant tingling in both hands. Examination of the lumbar spine revealed spasm and guarding. Range of motion was decreased. A straight leg raise test was positive on the left. Examination of the cervical paravertebral muscles revealed tenderness, hypertonicity and trigger points on deep palpation. Range of motion was painful. Trapezius muscle examination showed tenderness, hypertonicity and trigger points on deep palpation. Treatment and evaluation to date has included medications, electrodiagnostic studies (2013), Lumbar MRI (2012), cervical spine MRI (2008), physical therapy, aquatic therapy (unclear amount of sessions), acupuncture treatments, two epidural steroid injections, massage therapy, chiropractic treatments, a transcutaneous electrical nerve stimulation unit and cognitive behavior therapy. Surgeries include a cervical spine fusion on 2009 and a lumbar microdiscectomy in 2014. Current medications include Mirtazapine, Baclofen, Captopril, Fish Oil, Nifedipine and Norco. Current requested treatments include a request for physical therapy aquatic based, twelve sessions for core and extremity strengthening. The Utilization Review documentation dated September 1, 2015 modified the request to physical therapy aquatic based four sessions, for core and

extremity strengthening (original request 12 sessions). The patient has had MRI of the lumbar spine on 7/26/12 that revealed disc protrusions, foraminal narrowing, and degenerative changes; EMG of upper extremity on 1/21/13 that revealed right median mononeuropathy. The patient sustained the injury when she was moving bag of book. The patient had received an unspecified number of physical therapy, aquatic therapy (unclear amount of sessions), acupuncture treatments, two epidural steroid injections, massage therapy, chiropractic treatments visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, aquatic based, for 12 sessions, for core and lower extremity strengthening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Per MTUS guidelines, aquatic therapy is, "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". A contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. The patient had received an unspecified number of physical therapy, aquatic therapy (unclear amount of sessions), acupuncture treatments, two epidural steroid injections, massage therapy, chiropractic treatments visits for this injury. The detailed response to previous pool therapy visits was not specified in the records provided. Previous pool therapy visits notes were not specified in the records provided. The records submitted contain no accompanying current of pool therapy visits evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical therapy, aquatic based, for 12 sessions, for core and lower extremity strengthening is not medically necessary or fully established in this patient.