

Case Number:	CM15-0178857		
Date Assigned:	09/21/2015	Date of Injury:	05/16/2013
Decision Date:	10/23/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

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 43-year-old female sustained an industrial injury on 5-16-13. Documentation indicated that the injured worker was receiving treatment for lumbar disc displacement without myelopathy, lumbar disc degeneration, lumbar spondylosis, lumbar stenosis, Degrees Quervain's tenosynovitis, bilateral carpal tunnel syndrome, anxiety and depression. Previous treatment included physical therapy, aqua therapy, functional restoration program, transcutaneous electrical nerve stimulator unit and medications. In a visit note dated 7-20-15, the injured worker complained of ongoing low back pain with radiation to bilateral lower extremities and right wrist pain secondary to De Quervain's tenosynovitis from using a straight cane. The injured worker rated her pain 10 out of 10 on the visual analog scale, improved to 8 out of 10 with use of the Butrans patch and aqua therapy. The physician stated that bilateral upper extremity electromyography (1-29-15) showed right medial mononeuropathy at the wrist, right cervical spine radiculopathy and findings suggestive of diffuse polyneuropathy. Bilateral lower extremity electromyography (11-15-13) showed bilateral L5 radiculopathy and bilateral superficial peroneal sensory mononeuropathy and left tibial motor axonal mononeuropathy. Magnetic resonance imaging lumbar spine (10-2-13) showed annular bulging at L4-5 and L3-4 with mild central canal stenosis and bilateral foraminal narrowing. Physical exam was remarkable for tenderness to palpation in the first dorsal compartment in the right thumb with positive Finklestein and tenderness to palpation to light touch over the APL tendon. The injured worker walked with an antalgic gait using a cane. The physician noted that the injured worker had been authorized for six sessions of physical therapy for the hand but had not been able to start because the prescription did not specify the hand. The injured worker had also been authorized for acupuncture. The injured worker reported that she had had a significant decrease in her baseline

pain level and was able to use her cane less frequently when walking with improved mobility due to aqua therapy. The treatment plan included refilling medications (Salonpas patch, Prozac and Butrans patch), scheduling physical therapy for the hand and acupuncture and requesting authorization for 12 additional sessions of aqua therapy. On 8-17-15, Utilization Review non-certified a request for 12 additional sessions of aquatic therapy for lumbar spine twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of aquatic therapy for lumbar spine 2 x 6: Upheld

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

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 May 2013 and is being treated for radiating low back pain. When seen, she had developed right wrist pain attributed to use of a cane. The claimant had completed aquatic therapy treatments with improvement in pain and mobility. Physical examination findings included morbid obesity. There was bilateral lower extremity ankle weakness. There was an antalgic gait with use of a cane. Additional aquatic therapy is being requested. 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 had already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.