

Case Number:	CM15-0024875		
Date Assigned:	02/17/2015	Date of Injury:	09/17/2012
Decision Date:	06/04/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 65 year old female, who sustained an industrial injury on 9/17/2012. Diagnoses include pain in joint shoulder, right shoulder impingement, cervical spinal stenosis, thoracic spondylosis, lumbosacral spondylosis, disorders sacrum, sciatica, lumbar spinal stenosis, and psychogenic pain. Treatment to date has included diagnostics including electrodiagnostic testing and magnetic resonance imaging (MRI), aquatic therapy, physical therapy, medications, chiropractic and injections. Per the Primary Treating Physician's Progress Report dated 1/05/2015, the injured worker reported an increase in her lower back pain since the colder months have set in. Warm showers help for about 15 minutes and then pain returns. Physical examination revealed normal muscle tone without atrophy in upper and lower extremities, and no tenderness or edema in upper or lower extremities. There is no documentation of a lower back examination. The plan of care included, and authorization was requested for 12 additional aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page 22. Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The utilization review determination letter dated 1/6/15 documented that the patient had 18 aquatic therapy sessions since 4/24/14. Past treatments have included chiropractic and physical therapy. Twelve sessions of aquatic therapy were requested on 1/16/15. The office visit note dated 1/5/15 documented subjective complaints of low back pain. The MRI magnetic resonance imaging of the lumbar spine performed December 3, 2012 demonstrated findings that were reported as mild. On physical examination, the patient was alert and oriented. No abnormalities of gait and station were observed. Normal muscle tone without atrophy was noted in bilateral lower extremities. No physical examination of the lumbar spine was documented. No pain or tenderness was noted on physical examination. Physical examination noted that the patient was moderately obese. No weight was documented. Official Disability Guidelines (ODG) indicate that patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The request for 12 additional aquatic therapy sessions would exceed ODG guideline recommendations, and is not supported. Per MTUS, aquatic therapy is specifically recommended where reduced weight bearing is desirable. The 1/6/15 progress report does not establish the need for reduced weight bearing. MTUS and ODG guidelines do not support request for 12 additional aquatic therapy sessions. Therefore, the request for aquatic therapy is not medically necessary.