MAXIMUS Federal Services

Case Number:	CM15-0064463		
Date Assigned:	04/10/2015	Date of Injury:	08/23/2007
Decision Date:	05/18/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/06/2015

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:

This 67 year old female sustained an industrial injury to the neck and back on 8/23/07. Previous treatment included magnetic resonance imaging, lumbar hemilaminectomy, aquatic therapy, chiropractic therapy, acupuncture, epidural steroid injections, lumbar corset and medications. In a PR-2 dated 1/22/15, the injured worker complained of a two month history of increased of low back pain. The injured worker complained of pain to the low back and neck rated 7-8/10 on the visual analog scale with radiation to bilateral upper and lower extremities. The injured worker had previously been authorized for additional chiropractic therapy but did not attend due to lack of transportation. The injured worker was requesting aquatic therapy to take place near her home. The injured worker reported having great benefit from previous aqua therapy. Current diagnoses included lumbar spine herniated nucleus pulposus, lumbar spine radiculopathy, status post lumbar laminectomy, cervical spine radiculopathy, cervical spine degenerative disc disease, bilateral carpal tunnel syndrome, left shoulder impingement, right shoulder arthralgia and NSAID-induced gastritis. The treatment plan included aqua therapy twice a week for four weeks to the cervical spine and lumbar spine and medications (Pamelor, Capsaicin cream, Omeprazole, Diclofenac Sodium ER and Nortriptyline).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Aquatic Therapy Sessions for The Cervical and Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical 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 work 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 6 Aquatic Therapy Sessions for The Cervical and Lumbar Spine is not medically necessary and appropriate.