

Case Number:	CM15-0066773		
Date Assigned:	04/14/2015	Date of Injury:	10/04/2010
Decision Date:	05/13/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/08/2015

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:

The injured worker is a 58-year-old male, who sustained an industrial injury on October 4, 2010. He reported injuries in his stomach, low back and right leg. The injured worker was diagnosed as having leaking fluids from his stomach and fracture of the low back. Treatment to date has included gastric surgery, epidural steroid injection to the low back, physical therapy, pain medication, and lumbar spine surgery. Currently, the injured worker complains of right lower quadrant pain, fatigue and difficulty sleeping. He reports that his lumbar spine pain is associated with a shocking sensation, which radiates to his toes. Diagnoses associated with the request included status-post percutaneous drainage secondary to perforated bowel, irritable bowel syndrome, abdominal pain, and internal hemorrhoids. His treatment plan included medications, cardio-respiratory testing, aqua therapy for right thoracic pain, right abdominal pain, right lower quadrant and left upper quadrant pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 October 2010. He underwent a multilevel spinal fusion on 07/21/14. The claimant's weight is nearly 200 pounds but his height is not documented. He has right hip pain and an MRI of the hip showed findings of mild degenerative changes and a small labral tear. In January 2015, postoperative physical therapy was requested. 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, a trial of pool therapy appears indicated. However, an appropriate trial would consist of up to six sessions and, if the trial was successful, it should be followed by a transition to an independent pool program. In this case, the number of skilled treatment sessions being requested is excessive and therefore not medically necessary.