

Case Number:	CM15-0067092		
Date Assigned:	04/14/2015	Date of Injury:	08/11/2011
Decision Date:	05/18/2015	UR Denial Date:	03/31/2015
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 56 year old male with an industrial injury dated 08/11/2011. His diagnoses included discogenic lumbar condition, discogenic cervical condition and impingement syndrome of the shoulder on the left status post decompression and labral repair. Prior treatment includes a back brace, hot and cold wrap, collar with a gel, neck pillow and neck traction. He presents on 03/19/2015 with complaints of neck pain, low back pain and left shoulder pain. Objective findings revealed tenderness across the cervical and lumbar paraspinal muscles bilaterally. Treatment consisted of pain management with medications, anti-inflammatory medications, referral to spine surgeon, referral to pain management and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aquatic therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 99.

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) Chronic Pain, p87.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for neck, low back, and shoulder pain. Surgical treatments have included a subacromial decompression and labral repair. When seen, he had positive facet loading. The claimant's weight is documented to be as high as 260 pounds. Prior treatments have included conventional physical therapy. Aquatic therapy is recommended for patients with conditions where there are comorbidities that would be expected to preclude effective participation in weight bearing physical activities. In this case, the claimant has been able to participate in land-based physical therapy but without improvement. Although there is no instability of the lumbar spine that would be expected to limit the claimant's ability to participate in weight-bearing physical activities, he has facet arthropathy and is overweight. Weight bearing activities in the upright position could reasonably be expected to place additional stress across the lumbar facet joints and limit his ability to participate in therapy. Therefore, a trial of Aquatic therapy could be considered in this case. However, Guidelines recommend a six visit clinical trial in patients with chronic pain with reassessment prior to continuing treatment. The number of visits being requested is in excess of this recommendation and therefore not medically necessary.