

Case Number:	CM15-0075412		
Date Assigned:	04/27/2015	Date of Injury:	09/11/2012
Decision Date:	06/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/20/2015

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, Indiana, New York
 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 53 year old male, who sustained an industrial injury on 9/11/2012, as a result of cumulative trauma. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar or thoracic radiculopathy. Treatment to date has included diagnostics, epidural steroid injections, physical therapy (with worsening pain), and medications. Currently, the injured worker complains of foot pain, leg pain, low back pain, and shoulder pain. His low back pain was rated 7/10, with radiation to both lower extremities and left medial foot pain. There was associated numbness in the posterior calves, weakness of the lower extremities, pins and needles sensation, and muscle spasms of the lower extremities. Magnetic resonance imaging of the lumbar spine (6/2014) was documented as showing L4-5 posterior annular fissure and circumferential 3mm disc bulge, facet and ligamentum flavum hypertrophy and mild spinal stenosis, bilateral mild recess narrowing, and bilateral mild to moderate foraminal narrowing, L5-S1 epidural lipomatosis with diffusely narrow caliber of thecal sac, left L3-4 mild facet and ligamentum hypertrophy. Medication use included Tramadol and Soma. Physical exam noted no difficulty with unassisted ambulation and the ability to rise from a seated position without difficulty. His back showed decreased range of motion with extension, due to pain, facet palpation tenderness bilaterally, and positive facet loading (right worse than left). Lower extremity exam noted 2+ reflexes, 4-/5 weakness bilaterally of the hamstring extensors and extensor hallucis longus. Exam of the upper extremities noted normal bulk and tone, with mild tenderness to palpation over the anterior shoulder and trapezius muscles. The treatment plan included a trial of aqua therapy, 2x3, due to failed land based therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of aquatic therapy twice weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, trial aquatic therapy two times per week times three weeks is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are degenerative disc disease lumbar; and lumbar or thoracic radiculopathy. The date of injury is September 11, 2012. The documentation indicates the injured worker as continued low back pain, bilateral shoulder pain and bilateral lower extremity pain. Reportedly, according to the documentation, the injured worker failed land-based physical therapy and continues to be refractory to medications with continued pain. There are no land-based physical therapy progress notes in the medical record. There is no clinical documentation of failed land-based physical therapy. The anatomical region to be treated with aquatic therapy is not documented. There is no height and weight in the medical record. There is no documentation indicating a minimization of the effects of gravity is clinically indicated. Consequently, absent clinical documentation with prior physical therapy, total number of physical therapy sessions received, physical therapy progress notes, an indication as to why minimization of gravity is clinically indicated and anatomical body regions to be treated, trial aquatic therapy two times per week times three weeks is not medically necessary.