

Case Number:	CM15-0079559		
Date Assigned:	04/30/2015	Date of Injury:	12/23/2002
Decision Date:	05/29/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/25/2015

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 58 year old female, who sustained an industrial injury on 12/23/2002. She has reported injury to the low back. The diagnoses have included status post T11 to pelvis posterior spinal fusion and decompression on 10/30/2013; and status post revision left pelvic screw and bilateral L3-S1 revision foraminotomy and nerve decompression on 04/09/2014. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Percocet, Baclofen, Lyrica, Celebrex, Prilosec, and Fentanyl Patch. A progress note from the treating physician, dated 03/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker reported that she had a surgery for left screw loosening and the pain is better; and loose screw on the right for lumbar spine fixation. Objective findings included a healed incision, secondary to lumbar spine surgery and screw fixation. The treatment plan has included the request for lumbar spine aquatic therapy 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine aquatic therapy 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy; Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar spine 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 status post carpal tunnel release right wrist and hand times two; right shoulder status post arthroscopic surgery; left shoulder tendinitis, impingement syndrome and rotator cuff tear; status post lumbar arthrodesis with instrumentation L4 - L5 with multiple disc herniations; status post Harrington rods instrumentation for scoliosis; right knee internal derangement; advanced degenerative disease C-5 - C6, C6 - C7 and C4 - C5 with disc degeneration/herniation; status post lumbar arthrodesis instrumentation lumbar spine broken pelvis fixation screws. Subjectively, according to a March 9, 2015 progress note, the documentation states surgery for left screw loosening and the pain is better. Objective findings include well-healed incision secondary to lumbar spine surgery and screw fixation. There are vital signs documented. The remainder of the objective findings include a CAT scan of the lumbar spine with results. The treatment plan indicates a request for aquatic therapy to the lumbar spine in order to decrease pain and increased range of motion and strength. The utilization review indicates the injured worker had six sessions of physical therapy status post hardware removal with an unknown number of physical therapy sessions prior to that date. There is no documentation of decreased strength or decreased range of motion documented in the March 9, 2015 progress note. The injured worker should be well-versed in exercises to engage in a home exercise program according to the Official Disability Guidelines. There is no documentation of an ongoing home exercise program. There is no documentation demonstrating objective functional improvement with prior physical therapy. There are no compelling clinical facts indicating additional physical therapy is warranted. There is no clinical rationale in the medical record for aquatic therapy. There is no discussion or documentation indicating aquatic therapy (as an alternative to land-based therapy) is recommended to minimize the effects of gravity. Consequently, absent clinical documentation with objective functional improvement, the total number of physical therapy sessions to date, compelling clinical facts indicating additional physical therapy is warranted with clinical documentation (according to the progress note dated March 9, 2015) indicating physical therapy is, in fact, indicated. Lumbar spine aquatic therapy two times per week times three weeks is not medically necessary.