

Case Number:	CM15-0098395		
Date Assigned:	05/29/2015	Date of Injury:	06/01/1993
Decision Date:	07/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

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:

The injured worker was a 62 year old male, who sustained an industrial injury, June 1, 1993. The injured worker previously received the following treatments right and left shoulder MRIs, physical therapy, aquatic therapy, steroid injections into the bilateral shoulders, Oxycodone, OxyContin, Cymbalta, Lyrica, Celebrex, Tizanidine, Acidophilus, Miralax, Colace, Senokot, light exercise with walking and random urinary toxicology screening. The injured worker was diagnosed with status post L4-L5 posterior lumbar decompression and posterior stabilization, lumbar radiculopathy, status post C2 through T1 anterior and posterior fusion for kyphosis and myelopathy, left lower extremity edema and history of osteomyelitis, status post left great toe debridement, bilateral rotator cuff tear, dysphasia, dysphasia related to medication, knee pain, history of Brown-Sequard syndrome, depression and degenerative scoliosis. According to progress note of February 12, 2015, the injured workers chief complaint was increased pain in the low back and bilateral shoulders. The injured worker's legs were more painful with activity and states near constant increased neck pain. The injured worker continued to wean for Oxycodone from four tablets per day to three. The injured worker did not need refills of Oxycodone and Oxycontin at this visit, due to the weaning process. The physical exam was deferred. The treatment plan included unknown aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): s 98-99.

Decision rationale: The patient presents with low back and bilateral shoulder pain. The request is for UNKNOWN AQUATIC THERAPY SESSIONS. The request for authorization is dated 4/16/2015. The patient is status-post L4-L5 posterior lumbar decompression and posterior stabilization, date unspecified. C2-through T1 anterior posterior fusion, date unspecified. Physical examination of the cervical spine reveals increase in his muscle spasm and pain in the paraspinal musculature extending into the interscapular region with numbness and tingling into the upper extremities. Exam of lumbar spine reveals continuing significant pain. Taut muscle bands. Exam of shoulders reveals increased pain with elevation and abduction bilaterally. Patient's medications include OxyContin, Cymbalta, Lyrica, Celebrex, Tizanidine, Acidophilus, Miralax, Colace and Senokot. MTUS Guidelines, pages 98-99, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Physical MedicinePhysical Medicine Guidelines, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks."Treater does not discuss the request. In reviewing submitted reports, it appears the patient has not had any previous sessions of aquatherapy or physical therapy. However, there is no indication as to why the patient cannot participate in traditional weight-bearing exercises and how aquatic therapy will benefit her. Furthermore, the request is for an unknown amount of sessions of aquatherapy therefore, the request IS NOT medically necessary.