

Case Number:	CM13-0023800		
Date Assigned:	03/03/2014	Date of Injury:	12/28/2011
Decision Date:	06/30/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 39 year old female with a date of injury on 12/28/2011. Diagnoses include lumbar spine strain with radiculopathy, left knee arthritis, cervicothoracic spine strain, bilateral shoulder impingement syndrome, carpal tunnel syndrome, and left foot strain. Subjective complaints are of low back pain that radiates to the legs, neck pain, shoulder pain, and left knee pain. Physical exam shows positive Kemp's test and straight leg raise, normal strength, and decreased sensation in the L4 dermatome. MRI of the left knee shows mild degenerative spurring of the medial compartment. Lumbar MRI showed degenerative changes at L4-5 with disc protrusion. Prior treatments include medication and orthoshockwave treatment. Submitted documentation does not identify any previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) AQUATIC SESSIONS FOR THE LOW BACK AND LEFT KNEE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (Acoem) ,2nd Edition, (2004) Chapter 6, Page 114.

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) PHYSICAL THERAPY, AQUATIC THERAPY

Decision rationale: CA MTUS recommends aquatic therapy as an alternative to land based therapy specifically if reduced weight bearing is desirable, for example extreme obesity. The ODG recommends aquatic therapy as an optional form of exercise therapy, where available, 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. For this patient, there are no apparent indications that would require the patient to utilize a pool over land based therapies. Therefore the medical necessity of aquatic therapy is not established.