

Case Number:	CM13-0027793		
Date Assigned:	12/11/2013	Date of Injury:	10/19/2009
Decision Date:	02/11/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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:

The patient is a 60-year-old female who reported an injury on 10/19/2009. The mechanism of injury was noted to be a fall. Her diagnoses include chronic regional pain syndrome to the left lower extremity and left lumbar facet pain. Her symptoms were noted to include low back pain, and left leg and foot pain. Her objective findings noted that she had discomfort in the lumbar spine with range of motion, she was using a scooter for mobility, and she had pain with weightbearing on the left lower extremity, as well as hypersensitivity in the left lower extremity. A request was made for aqua therapy. 

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on aquatic therapy section on physical medicine Page(s): 22; s 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy when reduced weightbearing is desirable. The MTUS Chronic Pain Guidelines' section on physical medicine recommends 24 visits over 16

weeks for a diagnosis of complex regional pain syndrome. As the clinical information submitted for review suggests that the patient has previously participated in aquatic therapy, the number of visits previously attended would need to be clear for a recommendation. The note states the patient requested attending aquatic therapy as it had been very beneficial for her therapy. However, there is no other documentation regarding the patient's prior attendance in an aquatic therapy program. As the details regarding her prior experience with this treatment are not included in the medical records, the request is not supported. Therefore, the request for aqua therapy is not medically necessary and appropriate.