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| Case Number: | CM13-0033222 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 11/17/2008 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 10/09/2013 |

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 Occupational Medicine and is licensed to practice in California. 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:

There were 20 pages provided for this review. The application for independent medical review was signed on October 3, 2013. The request was for Aqua therapy but there was no frequency or duration or body part. The date of birth was January 6, 1959. The date of injury was in 2008. The office notes from July 24, 2013 note there is constant, intractable upper and lower back pain. There is partial relief with medication. There is moderately restricted range of motion. There are multiple myofascial trigger points and taut bands noted. The patient is unable to perform a heel to toe. The patient uses a cane for ambulation. The prior therapy is unknown. Another note described the patient is a 54-year-old male who was injured on November 17, 2008. The mechanism of injury and involved body parts were not stated in the eight pages that were reviewed. The current assessment includes a compression fracture of L1 status post lumbar surgery and failed back surgery with intractable pain. Previous treatment has been medicine, rest, home exercise program, assistive device for ambulation and the lumbar surgery. The specifications for the aquatic therapy were not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATHERAPY (UNKNOWN F&D/ BODY PART): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK COMPLAINTS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s):. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back regard aquatic therapy.

Decision rationale: The MTUS does permit forms of physical therapy including aquatic therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are 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; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. Moreover, it is not clear why warm water aquatic therapy would be chosen over land therapy. Finally, after prior sessions, it is not clear why the patient would not be independent with self-care at this point. Specifically regarding aquatic therapy, the guides note under Aquatic Therapy: Recommended 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. In this case, there is no evidence of conditions that would drive a need for aquatic therapy, or a need for reduced weightbearing. Further, no frequency or duration is provided for the request, so a wholesome assessment of clinical necessity is not possible. Moreover, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient... Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, warm water aquatic therapy twice weekly for four weeks is not medically necessary and appropriate.