

Case Number:	CM13-0047085		
Date Assigned:	12/27/2013	Date of Injury:	09/23/2011
Decision Date:	02/26/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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 35-year-old female with date of injury on 9/23/11. The progress report dated 9/9/13 by [REDACTED] indicates that the patient's diagnoses include chronic pain syndrome, urinary incontinence, constipation, insomnia, cervicgia, and low back pain. The patient is reporting increased pain in his shoulders and neck. The patient reported that she has been swimming on the weekends for exercise. She stated her right foot was swollen. She also was having pain in the left ear when she got out of the water. She was in the water for four hours. Physical exam findings included antalgic gait with facial grimacing and limping. Restricted movement in the right shoulder with elevation to 170 degrees due to pain on the right; the left was restricted with elevation limited to 180 degrees. The patient's lower extremity muscles strength was a 4/5 bilaterally. The patient's weight was 178 pounds. Her height was 4 feet 11 inches. Her BMI was 35.95. The patient walks with a cane. It was noted that the patient had been improving with physical therapy; the number of therapy sessions was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for aquatic therapy twice a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: The patient is obese with a BMI of 35.95. The progress report dated 9/9/13 indicated that the patient had improved with physical therapy. It was not clear how many therapy sessions the patient had received. There were six reports of physical therapy notes provided for review, dated between 5/14/13 and 6/4/13. These records indicate that the patient is tolerating the therapy poor to fair, and was making some progress and improving her abilities to perform activities of daily living. She was instructed on home exercise program and was continuing to make progress on her own. The MTUS Guidelines states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The MTUS regarding physical medicine recommends a maximum of ten visits for diagnoses of myalgia and myositis (unspecified). The records indicate that the patient has received at least six sessions of physical therapy recently that were land-based physical therapy. The patient continues to work at her home exercise program and it appears she is swimming on her own. The treating physician does not document any rationale as to the necessity for supervised aquatic therapy. The requested eight sessions of aquatic therapy exceeds the number of visits recommended by MTUS guidelines. Therefore, recommendation is for denial. The request is non-certified.