

Case Number:	CM13-0049720		
Date Assigned:	03/14/2014	Date of Injury:	07/19/2004
Decision Date:	12/04/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation 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 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:

The injured worker is a 59 year old female who reported an injury on 07/19/2004 the mechanism of injury was cumulative trauma/repetitive motion. Her diagnoses included hand pain and osteoarthritis. Her prior treatments included an assistive mobility device, medications, work modifications and a left thumb orthotic. Her diagnostic studies were not provided. The clinical note dated 06/18/2013 indicated the injured worker had rotator cuff surgery in 2006 and a bilateral carpal tunnel release. The clinical note dated 02/10/2014 noted the injured worker complained of neck, shoulder, left arm, hand, left knee, low back and right hip pain. The physician noted the injured worker's lumbar spine range of motion was "minimal" with normal flexion, extension, and lateral bending. Her medication regimen included Norco 10/325 since at least 02/10/2014. The treatment plan included aquatic therapy. The physician recommended 12-18 sessions of aquatic therapy for the cervical/lumbar spine in order to gain strength and conditioning in order to move forward to a land based therapy. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the cervical/lumbar spine, 12-18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The request for Aquatic Therapy for the cervical/lumbar spine, 12-18 sessions is not medically necessary. The injured worker has pain in multiple body parts. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise, 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, such as extreme obesity. The guidelines recommend 9-10 sessions over 8 weeks. There is a lack of documentation indicating the injured worker has significant objective functional deficits to the cervical spine and lumbar spine. There is a lack of documentation indicating whether the injured worker had prior physical therapy, as well as the efficacy of any prior physical therapy and the number of sessions completed. The requesting physician's rationale for the requested aquatic therapy is not indicated within the provided documentation. There is no evidence that the injured worker has a condition for which reduced weight bearing would be indicated. Additionally, the request for 12-18 sessions of therapy would exceed the guideline recommendations. As such, the request for Aquatic therapy for the cervical/lumbar spine 12-18 sessions is not medically necessary.