

Case Number:	CM13-0050312		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2009
Decision Date:	05/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 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:

The applicant is a represented [REDACTED] District employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of May 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; a prior lumbar epidural steroid injection in August 2013; and unspecified amounts of aquatic therapy over the life of the claim. A December 17, 2013 progress note is notable for comments that the applicant has been going to aquatic therapy. She states that she vacuum and dust a little more at her home. She states that she is still having difficulty negotiating stairs. She is permanent and stationary. She is obese with BMI of 34. She does exhibit 5/5 lower extremity strength. Additional aquatic therapy is sought. Tramadol and Celebrex are renewed. An earlier note of October 15, 2013 is notable for comments that the applicant is quite frustrated. Even simple things such as bending and twisting are reportedly painful. Medications are renewed. Aquatic therapy is sought. The applicant is again described as having 5/5 lower extremity strength. Her BMI is 33. The applicant's work status is not clearly stated. She is apparently permanent and stationary with permanent limitations in place. On October 9, 2013, the applicant consulted a neurosurgeon, who informed her that she is not a candidate for any surgical remedy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC REHABILITATION PROGRAM FOR THE RIGHT RIB, KNEE, AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd Edition, (2011), Low Back, Clinical Measures, page 448, Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, employees or applicants are responsible for adhering to and maintaining exercise and medication regimens. Thus, the rehabilitation program being sought here is, per ACOEM, considered an article which an applicant is independently responsible for. It is further noted that the Chronic Pain Medical Treatment Guidelines state that aquatic is recommended as an optional form of exercise therapy when reduced weight-bearing is desirable. In this case, however, it is not clearly stated how or why the applicant has a condition for which reduced weight-bearing is desirable. For all of the stated reasons, the requested aquatic rehabilitation program is not medically necessary or appropriate.