

Case Number:	CM13-0072132		
Date Assigned:	05/14/2014	Date of Injury:	08/06/2012
Decision Date:	06/12/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Pain Management 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 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 patient is a 43 year old male with an injury date of 08/06/12. Based on the 12/09/13 progress report provided by [REDACTED], the patient complains of pain in the neck, low back, knee, and the left lower extremity. The patient's diagnoses include the following: Disc protrusion L5-S1 and severe foraminal stenosis L4-5 (04/12/13 MRI); Degenerative disc disease L3-4 and L4-5, and to a lesser extent L5-S1 (04/12/13 MRI); Radiculopathy/radiculitis bilateral lower extremities; Left knee injury that needs orthopedic evaluation and treatment; and Depression and anxiety due to the severity of the assault and injury. [REDACTED] is requesting for 12 sessions of aquatic therapy. The utilization review determination being challenged is dated 12/19/13. The rationale is that the patient has already completed physical therapy with no documentation of treatment duration and efficacy. There is also no evidence of a contraindication to land-based therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF AQUATIC THERAPY: 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: MTUS Chronic Pain Medical Treatment 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 (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 documentation of extreme obesity or a need for reduced weight-bearing. There is no indication of how the physical therapy has already impacted the patient nor is there any reasoning as to why the patient is unable to tolerate land-based therapy. MTUS guidelines also recommends 8-10 visits over 8 weeks for neuralgia, neuritis, and radiculitis. The requested 12 sessions exceeds what is allowed by MTUS. Therefore, the request for twelve sessions of aquatic therapy is not medically necessary and appropriate.