

Case Number:	CM14-0001739		
Date Assigned:	01/22/2014	Date of Injury:	12/08/1999
Decision Date:	06/11/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 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:

This is a 51-year-old female who sustained a remote industrial injury on 12/8/99 when she was sitting in a chair and the chair back collapsed. Her diagnosis is listed as joint pain involving the pelvic region and thigh. The patient's current physical examination did not reveal any significant musculoskeletal or neurological deficits, and there was no mention of the need for reduced weight-bearing. The progress note dated December 27, 2013 revealed that the patient presented with complaints of history of diffuse neck pain, low back and bilateral lower extremity pain with right hip pain. Pain is partially relieved with analgesic medications and various types of injection therapy. She has a history of lumbar laminectomy. Current medications were listed as Cymbalta, etodolac, Medrox ointment, Protonix, Oxycodone, Topamax, hydrochlorothiazide, Ritalin, and metoprolol ER. On physical examination, gait and movements were within baseline for her level of function. She was neurologically intact without any apparent gross deficiencies. She was advised to try taking less Oxycodone, and trying a small dose of Ritalin for mood, pain relieving, and analeptic effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LUMBAR SPINE AND RIGHT HIP: Upheld

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

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

Decision rationale: The California MTUS guidelines state 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 in the case of extreme obesity. The documentation provided for review does not describe the need for a reduced weight-bearing environment, or specific musculoskeletal impairments that would prevent performance of a land based program, nor are there noted impairments that would support the need of additional supervised rehabilitation (land or water based) as opposed to performance of a regular self-directed home exercise program. Records note that the patient has previously completed aquatic therapy, and there is no description of progress made with prior treatment or functional benefit as a result. As such, the request is not medically necessary.