

Case Number:	CM14-0004099		
Date Assigned:	02/05/2014	Date of Injury:	07/02/2010
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/09/2014

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 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 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 an employee of [REDACTED] and has submitted a claim for bilateral lower back pain associated with an industrial injury date of July 2, 2010. Treatment to date has included bilateral knee replacement (undated), physical therapy sessions, home exercise program, aquatherapy, psychological cognitive behavioral therapy, and medications such as Norco, Ambien, Pennsaid, Tizanidine, Trazodone and Colace. Medical records from 2010-2014 were reviewed showing that the patient sustained a non-specified industrial injury to her knees on 7/2/10. Patient complains of low back pain radiating to the bilateral lower extremities grade 9/10 with weakness, numbness and tingling that disrupts sleep and limits activities. She also uses a wheelchair and can walk or stand only for short periods with assistance. Physical examination showed the patient to be wheelchair-borne, with limited active range of movement of the hip and severely limited active range of movement of both knees. Passive range of movement of both knees were intact. Utilization review from 01/03/2014 denied the request for Aqua therapy, twice weekly for 3 weeks as per 12/19/13 because the body part to be treated was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY, TWICE WEEKLY FOR THREE WEEKS, QUANTITY 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN AND MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 22. Page(s): 22.

Decision rationale: As indicated on page 22 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity. In this case, the employee has undergone several sessions of land-based and aquatic based therapy, however, the total number of visits is unknown. A progress report, dated 01/15/2014, cited that previous aquatic therapy resulted to pain relief and improvement with standing, and walking. It was stated that water-based therapy is safer because the patient cannot stand or walk independently. However, utilization review from 01/03/2014 already certified the request for a trial of 6 sessions of aquatic therapy for treatment of the right knee. It is unclear why the certified treatment sessions cannot suffice at this time. Response to the trial was not assessed. Therefore, the request for Aqua Therapy, twice weekly for three weeks, quantity 6 is not medically necessary.