MAXIMUS Federal Services

Case Number:	CM14-0105605		
Date Assigned:	07/25/2014	Date of Injury:	12/10/2008
Decision Date:	09/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/08/2014

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 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 injured worker is a 58-year-old female who reported an injury on 12/10/2008. The mechanism of injury was noted to be a trip and fall. Her diagnoses were noted to be left knee meniscus tear, right knee osteoarthritis, right shoulder rotator cuff tear, and right shoulder bursitis. Treatments were noted to be physical therapy, knee brace, and Orthovisc injections. Diagnostic testing included MRIs for the right shoulder, right elbow, and right knee. The injured worker has had multiple surgeries. The injured worker's subjective complaints were noted in a primary treating physician's progress report dated 05/07/2014. She had complaints of right shoulder pain, right elbow pain, right knee pain and left knee pain. The physical examination does not provide any objective findings for the lumbar spine. The treatment plan does not indicate aqua therapy. However, the rationale for the request is noted in a Request for Authorization form dated 05/07/2014. A diagnosis of multilevel cervical degenerative disc disease with stenosis is noted along with a request for aqua therapy on the lumbar spine once a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy on the lumbar spine 1 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Guidelines Page(s): 22, 98-99.

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

Decision rationale: The request for Aqua Therapy on the lumbar spine 1 x 4 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend aqua therapy 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. The documentation submitted for review and Request for Authorization do not objectively support extreme obesity in the injured worker. It is not noted that the injured worker is needing an alternative to land based physical therapy. Therefore, the request for Aqua Therapy on the lumbar spine 1 x 4 is not medically necessary.