

Case Number:	CM14-0014568		
Date Assigned:	02/28/2014	Date of Injury:	09/11/2012
Decision Date:	06/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/05/2014

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 Texas. 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 65-year-old who reported an injury on September 11, 2012, with the mechanism of injury unclear in the documentation provided. In the clinical note dated August 27, 2013, the injured worker complained of back pain, which radiated to both legs. The injured worker denied any new neurological symptoms; however, it was noted that she had tingling in her feet. It was noted that the pain had increased since the last office visit and was rated at a 9. It was documented that the injured worker's prescribed medication regimen stayed the same with no side effects. It was stated by the injured worker that the naproxen taken did not help much. It was also noted that the injured worker had occasional sleep disturbance due to pain. The physical examination was unremarkable. The diagnoses included spondylosis of the lumbar, sprain/strain of lumbar, and pain of shoulder joint. The treatment plan included an appeal for aquatic therapy since the injured worker stated that this helped her keep her symptoms under control, and a prescription for tramadol to take on as an as needed basis. The medications prescribed included tramadol 50 mg 1 tab every six to eight hours as needed, ibuprofen 200 mg one to two tablets twice a day, and Omeprazole 20 mg 1 capsule daily. The Request for Authorization for aquatic therapy for back pain relief was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX SESSIONS AQUATIC THERAPY AT [REDACTED] :
Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment 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 extreme obesity. In the clinical notes provided for review, there was a lack of evidence of the injured worker indicating the need for aquatic therapy. The guidelines state that aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable. The clinical documentation did not indicate that the injured worker needed reduced weight-bearing exercises or was unable to participate in land-based physical therapy. Furthermore, the clinical documentation lacked evidence of the injured worker having functional deficits in range of motion or strength to warrant therapy. The request for six sessions aquatic therapy at [REDACTED] is not medically necessary or appropriate.