

Case Number:	CM14-0123862		
Date Assigned:	08/08/2014	Date of Injury:	06/03/2003
Decision Date:	09/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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 Illinois. 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 injuries due to a motor vehicle accident on 06/03/2003. On 05/12/2014, her diagnoses included left foot multiple phalanx fractures due to a fall, comminuted fracture of the 4th proximal phalanx of the left ankle, cervical spine sprain with left radiculopathy superimposed on cervical degenerative disease, low back sprain superimposed on prior lumbar degenerative disease, cerebral concussion with blurred vision, motor vehicle accident leading to a cervical spine sprain with left radiculopathy superimposed on cervical degenerative disc disease, minimal degenerative joint disease and disc changes C4 through C7, ligamentous low back sprain with right radiculopathy, status post resolved bilateral carpal tunnel syndrome, coronary occlusion treated by open heart surgery on 05/02/2006, right shoulder subacromial impingement with adhesive capsulitis, bilateral Lasik surgery in 02/2005 which resolved her night vision difficulties. On 07/02/2014, her complaints included continuous left foot pain with stinging between her toes, a flare-up of low back pain and neck pain, right leg burning sensation to her calf and depression. Her treatment plan included aquatic two times a week for three weeks for painful weight bearing. Her height was not recorded but her weight was 152 pounds. It was noted that she moved gingerly and required no assistive devices for ambulation. Her body type was noted to be very well nourished but she was not obese or morbidly obese. There is no Request for Authorization included in this patient's chart.

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 weekly for three (3) weeks for the cervical and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

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

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The Physical Medicine Guidelines allows for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. For myalgia and myositis, the recommended number of visits is 9 to 10 over 8 weeks. This worker is not obese. In the care plan, it was noted that the aquatic therapy was for painful weight bearing to her right lower extremity. The request stated that the therapy was for her cervical and lumbar spine. The clinical information submitted failed to meet the evidence-based guidelines for aquatic therapy. Therefore, this request for aquatic therapy 2 times weekly for 3 weeks with the cervical and lumbar spine is not medically necessary.