

Case Number:	CM14-0132791		
Date Assigned:	08/22/2014	Date of Injury:	12/23/2002
Decision Date:	12/18/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/19/2014

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 Family Medicine, and is licensed to practice in New Jersey, and New York. 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 was injured on 12/23/02 due to continuous trauma from her work from 1993 to 2002. She complained of pain in her neck, right shoulder, right hand/wrist, and low back. She injured her right knee after doing therapy at her home. She was diagnosed with left shoulder tendonitis, impingement syndrome, and rotator cuff tear, lumbar disc herniation, right knee internal derangement, cervical degenerative disc disease. She had a T11 to pelvis posterior spinal fusion and decompression on 10/30/13, revision of the left pelvic screw and bilateral L3-S1 revision foraminotomy and nerve decompression on 4/9/14. The patient also has a history of two carpal tunnel release of the right wrist, right shoulder arthroscopic surgery. She complained of intermittent back pain with radiating leg pain, right leg numbness and weakness with a dropped foot in the right leg, and left leg numbness. She continues with regular chiropractic care, massages, ultrasound, and electrical muscle stimulation treatment. She had physical therapy. She had a bone stimulator placed and removed in 2008. The patient is able to walk but finds no relief of symptoms. Aquatic therapy was recommended in 2009. Her medications include opioids, Lyrica, Celebrex, and muscle relaxants. The current request is for aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2x5: Upheld

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

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

Decision rationale: The request is considered not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. There is no documentation that the patient has physical findings requiring an alternative to land-based therapy. The patient is weight-bearing and able to ambulate. There is no documentation that the patient had failed land-based therapy. There was a statement that she had failed conservative therapy including physical therapy but there was no physical therapy notes included in the chart. She had multiple sessions of physical therapy. She should have been recommended to do home muscle-stretching exercises and at this point, the patient should be able to perform home exercises. Therefore, aquatic therapy is not medically necessary at this time.