

Case Number:	CM14-0135429		
Date Assigned:	08/27/2014	Date of Injury:	10/24/2011
Decision Date:	11/03/2014	UR Denial Date:	07/22/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of October 24, 2011. A Utilization Review was performed on July 22, 2014 and recommended non-certification of aqua therapy 2 times a week for 6 weeks. A Progress Report dated July 2, 2014 identifies Subjective Complaints of pain in the neck, upper and lower back, bilateral shoulders, bilateral elbows, bilateral hands, bilateral hips, bilateral knees, and bilateral ankles. Physical Exam identifies ambulates with a single point cane. Light touch sensation diminished right index, dorsal, and right small tip. Diagnoses identify cervical spine bulges, thoracic spine disc bulges, lumbar spine disc bulge, right and left shoulder internal derangement, right and left elbow strain, right and left carpal tunnel syndrome, right and left hip strain, right and left knee strain, and right and left ankle/foot strain. Treatment Plan identifies aqua therapy 2/week for 6 weeks.

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 a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for Aqua therapy two (2) times a week for six (6) weeks, Chronic Pain 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. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the request for Aqua therapy two (2) times a week for six (6) weeks are not medically necessary.