

Case Number:	CM14-0167447		
Date Assigned:	10/14/2014	Date of Injury:	10/01/2012
Decision Date:	11/26/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/10/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 51 years old female who had a work injury dated 10/1/12. The diagnoses include lumbar spine strain, right knee strain, left knee internal derangement and left ankle strain. Under consideration are requests for aqua therapy 2xWk x 6Wks lumbar spine/bilateral knees. There is a progress note dated 7/23/14 where the patient complains of lower back, right knee, left knee and left ankle pain. The physical examination revealed normal light touch sensation on body parts with pain. The diagnoses is lumbar spine strain, right knee strain, left knee internal derangement and left ankle strain. There is a request: Aqua Therapy 2xWk x 6Wks Lumbar Spine/Bilateral Knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2xWk x 6Wks lumbar spine/bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine; aquatic therapy Page(s): 98-99; 22.

Decision rationale: Aqua therapy 2xWk x 6Wks lumbar spine/bilateral knees is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommends up to MTUS physical medicine guidelines recommend up to 10 therapy visits for this condition. The request exceeds this recommendation. The guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy where reduced weight bearing is desirable, for example extreme obesity. The documentation does not indicate extreme obesity or other condition that would necessitate aquatic therapy over land based therapy. The patient has participated in prior therapy but the outcome of these sessions are not documented. The request for aqua therapy 2 x per week for a6 weeks lumbar spine/bilateral knees is not medically necessary.