

Case Number:	CM14-0169720		
Date Assigned:	10/17/2014	Date of Injury:	04/23/2013
Decision Date:	11/20/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 Interventional Spine 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:

The patient is a 34-year-old female with a date of injury of 04/23/2013. The listed diagnoses per [REDACTED] are: 1. Headache. 2. Cervical sprain/strain myospasm. 3. Thoracic sprain/strain. 4. Lumbar sprain/strain. 5. Bilateral shoulder sprain. 6. Bilateral acromioclavicular joint arthritis. 7. Left shoulder tendinosis. 8. Right shoulder subcoracoid fluid may relate to bursitis. 9. Bilateral wrist sprain/strain. 10. Bilateral mild carpal tunnel syndrome. 11. Bilateral knee sprain. 12. Left ankle sprain/strain. 13. Abdominal pain. 14. Skin bumps, status post chemical exposure at work. 15. Complaints of sexual dysfunction due to pain. 16. Eye irritation due to exposure to debris from work. 17. Loss of sleep, psych component. According to progress report 06/27/2014, the patient presents with headaches, neck pain, and achy midback pain. Examination of the cervical spine revealed decreased and painful range of motion and +3 tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii. Examination of the lower back revealed decreased and painful range of motion. Kemp's test causes pain bilaterally. Examination of the bilateral knee revealed decreased and painful range of motion with tenderness on palpation to the anterior and medial line. McMurray's causes pain bilaterally. The physician is requesting 12 aquatic therapy sessions for the left knee. Utilization Review denied the request on 09/19/2014. Treatment reports from 03/27/2014 through 06/27/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 98-99.

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

Decision rationale: This patient presents with neck, low back, and bilateral knee complaints. The physician is requesting aqua therapy sessions for the left knee, 12 sessions. The earliest progress report provided for review from 03/27/2014 states "starting aqua therapy." On 05/08/2014 the physician recommends patient "continue aqua therapy." It was noted that patient is continuing with home exercises. The MTUS Guidelines page 22 recommends aquatic therapy as an option for land-based therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For number of treatments, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review indicates the patient has participated in prior aquatic therapy sessions. It is unclear the number of sessions received, when they were received, and the results of these treatments. In this case, the physician's request for 12 additional aquatic therapy sessions exceeds what is recommended by MTUS. Furthermore, the physician does not discuss as to why the patient requires aqua therapy. MTUS recommends aquatic therapy for patients with weight bearing restrictions. The request is not medically necessary.