MAXIMUS Federal Services

Case Number:	CM14-0180657		
Date Assigned:	11/05/2014	Date of Injury:	01/19/2013
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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 Occupational Medicine 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 claimant is a represented [redacted] employee who has filed a claim for chronic low back, shoulder, arm, wrist, hand, and leg pain reportedly associated with an industrial injury of January 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of occupational therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 7, 2014, the claims administrator failed to approve a request for 12 sessions of aquatic therapy. In a progress note dated September 2, 2014, the applicant reported ongoing complaints of neck pain, low back pain, leg pain, wrist pain, and hand pain, 6-7/10. The applicant had reportedly completed aquatic therapy; it was stated at this point in time. The applicant reported derivative complaints of depression, anxiety, and sleep disorder. An additional 12 sessions of occupational therapy, 12 sessions of chiropractic manipulative therapy, and additional aquatic therapy were sought. The applicant was asked to continue Vicodin, Motrin, Soma, and Lidoderm while remaining off of work, on total temporary disability. A sleep study was also sought. The applicant's gait was not characterized or described on this occasion. In April 15, 2014 progress note, the applicant reported ongoing complaints of low back pain, wrist pain, neck pain. The applicant was placed off of work on total temporary disability. Electrodiagnostic testing was sought. In a July 21, 2014 progress note, the applicant reported ongoing complaints of low back pain, leg pain, and wrist pain 7-9/10. Vicodin, Motrin, and occupational therapy were endorsed. Thumb spica split, lidocaine patches, and chiropractic manipulative therapy were also sought. The applicant was again placed off of work. The applicant's gait was not described on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 1 x week x 12 weeks right wrist and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy topic. Page(s): 22. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, as, for instance, with extreme obesity, in this case, however, there was no mention of the applicant's being extremely obese. The applicant's height, weight, and BMI were not described on the office visits referenced above. The applicant's gait was likewise not described of any office visit referenced above. It was not clearly stated how, why, and/or if reduced weight bearing was desirable here. It is noted that the applicant has suggested on a September 2, 2014 progress note, referenced above, already had aquatic therapy in unspecified amounts over the course of the claim, despite the seemingly unfavorable MTUS position on the same in the clinical context present here. The applicant has, it is further noted, failed to demonstrate any lasting benefit or functional improvement through the prior aquatic therapy. The applicant remains off of work, on total temporary disability. The applicant remains dependent on a variety of opioid and non-opioid agents, including Vicodin and Soma. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior aquatic therapy in unspecified amounts over the course of the claim. Therefore, the request for additional aquatic therapy is not medically necessary.