

Case Number:	CM14-0181122		
Date Assigned:	11/05/2014	Date of Injury:	03/02/2003
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/31/2014

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 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:

This is a female patient with a date of injury of March 2, 2003. A utilization review determination dated November 13, 2014 recommends non-certification of aquatic therapy 2x3. A progress note dated September 5, 2014 identifies that the low back is about the same and that the pain is worse on the right side. The wrists have not changed since patients at last visit. She rates her wrist pain as a 5/10 normally and an 8/10 at night. There is no change in the feet since the last visit, and the patient has ongoing tingling, and numbness. The patient's foot pain level is an 8/10 at night. Physical examination identifies tenderness to palpation of the lumbar paravertebral muscles, tenderness of the right sacroiliac joint, and straight leg raise is positive. Bilateral wrist examination reveals tenderness to palpation of flexor/extensor tendons, positive Tinel's sign on the right, and positive thenar atrophy. Examination of bilateral feet reveals tenderness to palpation of plantar fascia. The diagnoses include lumbar spine sprain/strain with bilateral lower extremity radiculopathy and facet degeneration, right sacroiliac joint pain, bilateral wrist sprain/strain, bilateral plantar fasciitis, and right calcaneal spur. The treatment plan recommends aquatic therapy 2x3 for the lumbar spine and bilateral feet, cast for foot orthotics, and continue with home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Two (2) Times A Week For Three (3) Weeks (2X3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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 aquatic therapy 2x3, 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 indication as to how many physical/aquatic therapy sessions the patient has undergone previously 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 currently requested Aquatic Therapy 2x3 is not medically necessary.