

Case Number:	CM14-0026466		
Date Assigned:	03/28/2014	Date of Injury:	01/20/2004
Decision Date:	04/30/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/15/2014

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 Family Practice and is licensed to practice in Texas. 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 injured worker is a 46-year-old male with a reported date of injury on 01/20/2004; the mechanism of injury was not provided within the medical records. The injured worker presented with chronic pain to the low back, pain in the extremities, joint swelling, stiffness, muscle spasms, pain to the bilateral shoulders, pain to the right wrist, decreased range of motion to the bilateral shoulders, weakness to the right hand, and increasing pain to the low back with increased numbness and tingling. Within the provided documentation, it appeared the injured worker attended therapy from 09/03/2013 to 01/23/2014. The injured worker had diagnoses including decompression and fusion of the lumbar spine, seroma, morbid obesity, right carpal tunnel release, and right shoulder impingement. The physician requested aquatic therapy on 12/23/2013, as the injured worker responded better to aquatic-based therapy, rather than land-based therapy due to increased stress on his joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA-THERAPY AT HOT SPRINGS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

Decision rationale: The California MTUS guidelines note aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines recommend 8-10 sessions over 4 weeks with an initial clinical trial of ½ of the amount of the suggested course of therapy sessions in order to demonstrate objective functional improvement with therapy prior to the continuation of therapy. Per the provided documentation, it appeared the injured worker previously participated in therapy from 09/03/2013 to 01/23/2014. Within the provided documentation, the requesting physician did not provide an adequate and complete assessment of the injured worker's condition after the completion of the therapy. It was unclear how many sessions of therapy the injured worker previously attended. Additionally, within the provided documentation, it was unclear if the injured worker had remaining deficits which would require aquatic therapy. As such, the request for aqua-therapy at hot springs is non-certified.