

Case Number:	CM14-0027328		
Date Assigned:	06/13/2014	Date of Injury:	06/05/2010
Decision Date:	07/29/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 injured worker is a 67-year-old female who reported an injury on 06/05/2010 with a mechanism of injury not cited within the documentation provided. In the clinical notes dated 01/16/2014, the injured worker was seen for followup. It was annotated that the injured worker had finished her acupuncture treatment with some relief. Prior treatments included psychological sessions, acupuncture, physical therapy, the use of assistive devices (i.e. cane), and prescribed pain medications. The physical examination of the left shoulder revealed material anterior shoulder tenderness to palpation and positive impingement sign. The physical examination of the right forearm revealed tenderness to palpation. The physical examination of the lumbar spine revealed tenderness to paravertebral muscles with spasm. The range of motion of the lumbar spine was restricted and sensation was reduced at the bilateral S1 dermatomal distribution. It was also noted that Achilles tendon reflexes were absent bilateral and the patellar reflexes were 1+ on the right and absent on the left. A positive straight leg raise was noted on the left. The physical examination of the right ankle revealed laxity with lateral stress and the anterior TFL was tender to palpation. The diagnoses included lumbar radiculopathy, left shoulder internal derangement, right distal fibular fracture, right ankle internal derangement, rule out right ulnar fracture, and anxiety reaction. The treatment plan included followup with psychologist for psychological symptoms, continuation of medications with refills, and request for aqua therapy 3 times a week for 4 weeks to the back, bilateral upper extremities, and ankle due to her pain and being overweight; and return to the clinic for followup visit. The Request for Authorization for 12 aquatic therapy visits for the back, right wrist, and right ankle was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUATIC THERAPY VISITS FOR THE BACK, RIGHT WRIST, AND RIGHT ANKLE: 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 Page(s): 22.

Decision rationale: The California MTUS Guidelines state that 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 frequency for neuralgia, neuritis, and radiculitis for physical therapy is 8 to 10 visits over 4 weeks with allowing of fading of treatment. In the clinical notes provided for review, there is a lack of documentation of the injured worker not being able to bear weight on the lower or upper extremities. There is also a lack of documentation of the injured worker's height and weight. There is also a lack of documentation of the injured worker's pain level status with or without the use of prescribed medications. Furthermore, the request exceeds the guideline recommendation of aquatic therapy visits of 8 to 10 visits over 4 weeks. Therefore, the request for 12 aquatic therapy visits for the back, right wrist, and right ankle is not medically necessary.