

Case Number:	CM14-0027632		
Date Assigned:	06/13/2014	Date of Injury:	10/17/2006
Decision Date:	07/21/2014	UR Denial Date:	02/04/2014
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, 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 48-year-old female with an injury date of 10/17/06. Based on the 01/23/14 progress report provided by [REDACTED], the patient complains of right shoulder pain which causes her disability and dysfunction. She also has pain in her right knee and her bilateral wrists. The patient states she has had multiple myeloma. She also has bowel irregularity, depression, headaches, lumbar disc disease, and a history of sleep disturbance. Her diagnoses include pain in joint, lower leg, and carpal tunnel syndrome. She had a back fusion on 07/28/10. The 10/20/10 MRI of the right knee reveals the following: horizontal-oblique undersurface tear of the posterior horn of the medial meniscus; small focus of reactive subchondral marrow edema in the medial tibial plateau; grade 1 MCL sprain; large joint effusion; small popliteal cyst; and minimal subcutaneous soft tissue edema along the anterior aspect of the knee. [REDACTED] is requesting six sessions of aquatic therapy. The utilization review determination being challenged is dated 02/04/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/08/13-02/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SESSIONS OF AQUATIC THERAPY: 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: According to the 01/23/14 report by the requesting provider, the patient complains of pain in her right shoulder, right knee, and bilateral wrists. She also has bowel irregularity, depression, headaches, lumbar disc disease, and a history of sleep disturbance. The request is for six sessions of aquatic therapy. The California MTUS states 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." In this case, there is no documentation of extreme obesity or a need for reduced weight-bearing. There is no indication of how the physical therapy the patient has already had impacted the patient nor is there any reasoning as to why the patient is unable to tolerate land-based therapy. As such, the requested aquatic therapy is not medically necessary.