

Case Number:	CM14-0031738		
Date Assigned:	06/20/2014	Date of Injury:	10/03/2008
Decision Date:	07/28/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/12/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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 64 year old female whose date of injury is 10/03/08 when a student pushed a table towards the injured worker and the table struck the injured worker in the lower back causing her to fall forward onto her hands and knees. Initial treatment included medications and physical therapy. The injured worker underwent two epidural steroid injections to her lower back that reduced her pain somewhat; however, the second injection caused an allergic reaction and no further epidural steroid injections were administered. The records document multiple other injuries both before and after this date of injury. Electrodiagnostic study (EMG) of the upper and lower extremities dated 12/12/13 was reported as normal. Nerve conduction studies revealed early/mild peripheral polyneuropathy. A progress report dated 01/16/14 noted that the injured worker continues to complain of low back pain and right sided knee pain. On examination, spasm, tenderness and guarding were noted in the paravertebral muscles of the lumbar spine along with decreased range of motion. Loss of motor strength over the right knee was noted to be grade 4/5. Authorization was requested for 12 sessions of aquatic therapy to help reduce pain, increase musculoskeletal function, and avoid deconditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 12 lumbar, cervical, thoracic, right knee and bilateral shoulders: 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: Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and may be recommended 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. It appears that the injured worker has had extensive physical therapy for this injury; however, no daily physical therapy progress notes were submitted for review documenting the total number of visits to date, the modalities used, or the response to treatment. There is no indication in the records provided that the injured worker cannot tolerate land based physical therapy/home exercise program. As such, the request is not medically necessary.