

Case Number:	CM14-0043037		
Date Assigned:	06/30/2014	Date of Injury:	01/06/2014
Decision Date:	08/21/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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 Occupational 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:

The patient is a 45-year-old female who has submitted a claim for shoulder strain/sprain bilateral, lumbar sprain/strain, knee sprain/strain, associated with an industrial injury date of January 6, 2014. Medical records from 2014 were reviewed. The progress report, dated 05/06/2014, showed low back pain radiating mainly into the lower extremity, along the back of the right thigh and right calf and occasionally into the back of the left thigh. The pain was described as constant and burning, aggravated on prolonged posture and ambulation. There was numbness and tingling sensation in the right leg and toes of both feet. Physical examination revealed decreased range of motion of the lumbar spine with mild tenderness and mild spasm. Straight leg raising test was negative bilaterally. Treatment to date has included unspecified number of PT sessions and medications. Utilization review from 04/01/2014 denied the request for aquatic therapy 8 sessions for the lumbar spine and right knee because there was no indication that the claimant has significant difficulty in ambulation, decreased muscle strength in lower extremities and instability to support the necessity of aquatic therapy. In addition, there was no clear indication that the claimant was not capable of doing land-based exercises using an established home program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy times eight (8) lumbar spine and right knee: 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 page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity or fractures of the lower extremity. Moreover, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less. In this case, the patient has not previously had aquatic therapy however, there was no documented medical necessity established indicating the need for aquatic therapy, or evidence that the patient was unable to tolerate land-based therapy. Furthermore, there was no documented evidence of obesity and evidence of lower extremity fracture. Guideline recommendations for aquatic therapy were not met. Therefore, the request for Aqua Therapy 8 sessions to Lumbar Spine and Right Knee is not medically necessary.