

Case Number:	CM14-0046620		
Date Assigned:	07/02/2014	Date of Injury:	12/24/2011
Decision Date:	08/21/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old female who reported an injury on 12/24/2011. The mechanism of injury was not provided. On 01/02/2014, the injured worker presented with pain to the right lower extremity. Upon examination, there was no sign of sedation, the injured worker was alert and oriented and there was an antalgic gait. The diagnoses were status post left knee surgery, sympathetic mediated neuropathic pain of the left lower extremity, and depression and anxiety. Prior treatment included medications and surgery. The provider recommended aquatic therapy 3 times a week for 6 weeks for the left leg, with a quantity of 18. The provider's rationale was not provided. The request for authorization form was not included in the documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 3 times per week for 6 weeks for the left leg (QTY: 18): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg.

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

Decision rationale: The California MTUS state aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The guidelines recommend 10 visits of aquatic therapy for up to 4 weeks. The included medical documentation lacked evidence of the injured worker specifically recommended for reduced weight bearing. Additionally, the provider's request for 18 sessions exceeds the guideline recommendations. Physical examination of the injured worker was not provided detailing current deficits to warrant aquatic therapy. As such, the request is not medically necessary.