

Case Number:	CM14-0046739		
Date Assigned:	07/02/2014	Date of Injury:	08/10/2005
Decision Date:	09/25/2014	UR Denial Date:	03/27/2014
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 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:

This is a 53-year-old female patient diagnosed with myalgia and myositis following an industrial injury on 08/10/2005. Previous treatment has included physical therapy, aquatic therapy, injections, and medications. A request for aquatic therapy 3 times per week for 12 weeks was modified to certify 6 sessions at utilization review on 03/27/14, with the reviewing physician with the reviewing physician noting guidelines recommend aquatic therapy as an optional form of exercise were available as an alternative to land-based physical therapy. The provider indicates the patient is currently working but still has significant functional deficits as well as pain and lack of endurance. The request was modified for 6 sessions to allow for documentation of efficacy and objective functional improvement. Physical therapy evaluation dated 02/18/14. It was noted the patient was injured in 2005 and last received physical therapy approximately 4 years ago. It was noted the patient was instructed by a M.D. to restart pool PT due to exacerbation of pain and lack of exercise program. Patient denies any significant changes since last seen for pool therapy 4 years ago. Patient does not have a regular exercise program. She's currently working. Physical examination revealed reduced cervical and lumbar range of motion and decreased strength. Sitting tolerance is 60 minutes and walking tolerance 30 minutes. It was recommended the patient participate in pool physical therapy for functional mobility and strength, provided patient education and promote independent long-term exercise program in conjunction with short-term skilled supervised PT. Was recommended patient start with 3-4 visits per week for up to 4 weeks with progression to a land-based program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for 3 Times a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

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

Decision rationale: Regarding aquatic therapy, MTUS Chronic Pain Medical Treatment Guidelines note 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 indication of non-weight bearing status or physical examination findings that suggest aquatic therapy would be required as opposed to land-based therapy. A home exercise program, yet unless she has a pool at home it is unclear how pool therapy will assist with providing her a home exercise program. Additionally, they requested 3 x per week x 4 weeks for a total of 36 visits significantly exceeds guideline recommendations. Although an initial 6 session trial may be appropriate, 36 visits would not be medically necessary. Thus, medical necessity of aquatic therapy for 3 x per week for 12 weeks is not established and is noncertified.