

Case Number:	CM14-0055381		
Date Assigned:	07/07/2014	Date of Injury:	03/07/2012
Decision Date:	08/07/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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:

The injured worker is a 60-year-old female who sustained an industrial injury on March 7, 2012. The workers were employed as a physical therapy assistant and sustain a sprain to the left knee when demonstrating physical therapy maneuvers to a patient. The patient also suffered an injury to her right shoulder subsequently. The patient was placed on permanent and stationary status on September 26, 2013. Her treatment today has consisted of 42 sessions of physical therapy, 4 sessions of work hardening, and pain medications. The disputed issue is a request for aquatic therapy for 3 months. A utilization review determination had denied this request on the basis that the patient has not had any recent surgery, is not obese, and has previously participated in land-based physical therapy. Therefore, the rationale for aquatic therapy was not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 months of therapy- warm water pool (aquatic therapy): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states the following regarding aquatic therapy on page 22: 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The request for water therapy was associated with a progress note on date of service March 18, 2014. The requesting provider noted that the patient had increased pain with shoulder range of motion and was not able to return to her former occupation. The patient had significant pain and stiffness in her right shoulder, where she had a tear of the supraspinatus tendon. The suggestion was for the patient to have 3 months of therapy and warm water pool. In this case, the duration of this therapy is not appropriate. All aquatic therapy guidelines follow the same rules as land-based physical therapy with regard to duration. Given that the patient has already had physical therapy, a three-month course is not appropriate at this time and this request is not medically necessary.