

Case Number:	CM14-0061861		
Date Assigned:	07/23/2014	Date of Injury:	09/28/2010
Decision Date:	12/19/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 claimant was injured on 09/28/10 when baskets fell on her leg and she stepped backward against a metal tube. Aquatic therapy is under review. She was diagnosed with myalgias/myositis and limb pain. She has had medications and attended an interdisciplinary pain rehabilitation program (HELP) in 2013. On 01/17/14, aquatic therapy was denied. On 04/11/14, a left knee MRI, medication, and aquatic therapy were requested based on the findings in 02/14. On 07/01/14, there was a PQME supplemental report. She had a PQME on 02/03/11. There was severe disability of activities of daily living. She had minor depression and excessive sleepiness. She had significant pain on palpation of her low back with decreased range of motion. Range of motion was painful. Kemp's test was positive bilaterally. The left knee was very painful in all regions and the right knee was painful medially. Patellar grind test was positive bilaterally. She was diagnosed with a meniscus tear and lumbar segmental/somatic dysfunction. She was referred to an orthopedist. Her low back condition was getting worse because her chiropractic had stopped. On 07/21/14, she attended the HELP Program. She was a graduate of the HELP Program and had not yet received the remote program services. She was trying to do home exercise program (HEP). A trial of aquatic therapy was recommended. On 10/15/14, she reported continued HEP. Naproxen was very helpful and was continued. She was to maintain her home exercises. Aquatic therapy was not mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 1 time per week for 6 weeks (6 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 53.

Decision rationale: The history and documentation do not objectively support the request for aquatic therapy for 6 sessions. The claimant reportedly completed physical therapy (PT) and had chiropractic. She has been able to do and encouraged to continue a home exercise program. The MTUS state "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." There is no clinical information that warrants a course of aquatic therapy. There is no evidence of extreme obesity or any indication that the claimant is unable to continue her home-based and land-based exercise program. There are no findings that would support a request for aquatic therapy. It is not clear what significant or sustained benefit is anticipated from this type of therapy that has not been or cannot be attained from her HEP. The medical necessity of aquatic therapy for 6 sessions has not been clearly demonstrated. Therefore, the request is not medically necessary and appropriate.