

Case Number:	CM14-0089144		
Date Assigned:	09/10/2014	Date of Injury:	04/28/2006
Decision Date:	10/14/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation, 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 52-year-old female with a 4/28/06 date of injury. A specific mechanism of injury was not described. According to a progress report dated 5/12/14, the patient complained of neck pain, lower back pain, left knee pain, and right knee pain. She rated her pain as 6/10. The provider is requesting 8 sessions of chiropractic care and 8 sessions of acupuncture. Objective findings: restricted lumbar range of motion, tenderness on palpation of paravertebral muscles on both sides, restricted range of motion of right and left knee, tenderness to palpation noted over lateral joint line and patella of both knees. Diagnostic impression: sprains and strains of lumbar region, thoracic or lumbosacral neuritis or radiculitis, pain in joint of lower leg, skin sensation disturbance. Treatment to date: medication management, activity modification, chiropractic care, physical therapy, lumbar medial branch blocks. A UR decision dated 6/5/14 modified the request for 8 aquatic therapy visits to 6 visits given the failure of claimant to previous conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aquatic therapy visits for the lumbar spine with evaluation as an outpatient: Upheld

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

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

Decision rationale: CA MTUS states that 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. There is no rationale provided as to why the patient cannot tolerate land-based physical therapy and requires water-based therapy. In addition, it is noted in the most recent note reviewed, that the provider is also requesting chiropractic therapy and acupuncture. Guidelines do not support the initiation of more than 1 treatment modality due to difficulty in establishing efficacy. Therefore, the request for 8 Aquatic Therapy Visits for the Lumbar Spine with Evaluation as an Outpatient was not medically necessary.