

Case Number:	CM14-0096328		
Date Assigned:	08/06/2014	Date of Injury:	10/31/2013
Decision Date:	12/31/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family Medicine and is licensed to practice in New York and New Jersey. 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 47-year-old male who was injured on 10/31/13 in a vehicular accident. He suffered from skull and left tibia/fibula fractures. He complained of fluctuating hearing in left ear and intermittent headaches. He has numbness and paresthesia of medial left ankle. He continues with a stiff neck. A 2/2014 left knee MRI showed thickening of the patellar tendon, osteoarthritis of the proximal tibia/fibular articulation, and no evidence of a meniscal tear. He was diagnosed with epidural hematoma requiring craniotomy, cervical strain, severe hearing loss, comminuted left leg fracture status post open reduction internal fixation, and mild bilateral hand pain. He takes ibuprofen as needed for headaches. He did physical therapy which provided minimal relief and had a cervical epidural steroid injection which did not help. He had relief with a median branch block. A 3/2014 note states he has done well and had minimal neurologic issues to report. He had increased strength and stamina after participating in aquatics therapy in 5/5/14. The request is to retroactively cover 78 sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro - Aqua therapy (started 01/02/2014) x 3 weekly for 6 months QTY 78.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Physical Medicine Page.

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

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. There is no documentation that the patient has physical findings requiring an alternative to land-based therapy. The patient is weight-bearing and able to ambulate. He does suffer from balance problems, but MTUS also recommends 8-10 sessions of aquatic therapy. The 78 sessions requested would exceed this limit. As per a documented discussion with his physician, the patient did not need formal aquatic therapy with a therapist but would benefit from self-directed pool exercises. Therefore, aquatic therapy as stated is not medically necessary.