

Case Number:	CM14-0108273		
Date Assigned:	08/01/2014	Date of Injury:	03/09/2012
Decision Date:	01/26/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 Practice, and is licensed to practice in 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 worker is a 55 year old female who was injured on 3/9/2012 after her desk chair collapsed with her in it causing her to fall forward, hitting her desk. She was diagnosed with lumbosacral strain, lumbar disc degeneration, bilateral sacroiliitis, and degenerative arthritis of the hips. She was treated with surgery (lumbar), injections, physical therapy (18 completed sessions plus one session of aquatic therapy), and medications. She already had a history of back problems previous to this injury. On 5/20/14 (the most recent progress note by the requesting provider prior to this request), the worker was seen in the office reporting bilateral leg and hip pain and occasional numbness in the right foot. Physical examination findings revealed normal sensation, painful range of motion of bilateral hips, positive bilateral impingement test, antalgic gait, and normal muscle strength. It was determined that her pain was related to her hip osteoarthritis. She was then recommended 12 sessions of physical therapy (later specified as aqua therapy), topical analgesic medications, and cortisone injections to the hip joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22; 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, she had already gone through multiple sessions of physical therapy (land and aquatic) surpassing the recommended number of sessions. Also, there was no explanation as to why aquatic therapy was preferred over land-based therapy. Also, there was no discussion as to whether or not the worker was performing any exercises at home and whether or not she was capable of performing these at home, which is the recommended method of physical therapy for patients at this stage as long as they can tolerate it. Therefore, the aquatic therapy is not medically necessary.