

Case Number:	CM14-0196499		
Date Assigned:	12/04/2014	Date of Injury:	01/25/2014
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Texas and Mississippi. 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 53-year-old female who reported injury on 01/25/2014. The mechanism of injury was a trip and fall over an extension cord. The surgical history was not provided. The prior therapies included 12 sessions of aquatic therapy and some land based therapy. The original date of request was 10/02/2014; however, the note was not provided for review. The documentation of 11/10/2014 revealed the injured worker had 60% to 80% relief with current medications. The medications included Mirtazipine 15 mg 2 by mouth at bedtime for insomnia and depression and tramadol 37.5/325 mg 1 by mouth 3 times a day. The documentation stated that the request was made for swimming pool exercises daily to aid in general strengthening, physical conditioning and mood elevation. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 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; Physical Medicine Page(s): 22; 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy as an additional form of therapy when weight bearing is not tolerated. The clinical documentation submitted for review indicated the injured worker had previously undergone 12 sessions of aquatic therapy and had undergone physical therapy. There is a lack of documentation of objective functional benefit that was received from aquatic therapy that could not be received from land based therapy. There was a lack of documentation indicating the injured worker had a need for reduced weight bearing. The request as submitted failed to indicate the body part to be treated. Given the above, the request for aquatic therapy x 6 visits is not medically necessary.