

Case Number:	CM14-0034239		
Date Assigned:	06/20/2014	Date of Injury:	11/04/2006
Decision Date:	04/15/2015	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on 11/4/06. The injured worker was diagnosed as having pain in lower leg joint, pain in ankle joint, disorders of sacrum and cervicalgia. Treatment to date has included oral medications including narcotics, physical therapy and cane for ambulation. Currently, the injured worker complains of chronic bilateral knee and ankle pain with falls due to feeling of weakness in lower extremities. The injured worker continues to have chronic pain with weakness; physical exam did not show any instability of bilateral knees. Treatment plan included continuation of current oral medications and a request for aquatic therapy to increase strength and help transition to home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy 2 visits per week for 6 weeks (12 visits) for the bilateral lower extremities:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant is more than 8 years status post work-related injury and continues to be treated for chronic knee and ankle pain. The requesting provider documents lower extremity weakness and a history of recent falls. Prior treatments have included conventional physical therapy. The claimant's BMI is not provided. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case the claimant has been able to participate in land based physical therapy treatments and there is no co-morbid condition identified. Additionally, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. Therefore, the requested aquatic therapy is not medically necessary.