

Case Number:	CM14-0040494		
Date Assigned:	06/20/2014	Date of Injury:	04/02/2009
Decision Date:	01/02/2015	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 2, 2009. In a Utilization Review Report dated February 26, 2014, the claims administrator denied a request for six sessions of aquatic therapy, noting that the applicant had had at least six prior treatments. The applicant's attorney subsequently appealed. In a progress note dated December 23, 2014, the applicant was kept off of work, on total temporary disability, for an additional one month. The applicant was status post knee surgery, it was noted, had undergone knee surgery, and had developed a postoperative DVT. The note was somewhat difficult to follow and mingled old complaints with current complaints. The applicant had received epidural steroid injection therapy and acupuncture, the attending provider noted. The date of surgery was not clearly outlined. The applicant was described as exhibiting 1+ edema about the left lower extremity on exam. The applicant did exhibit normal muscle tone about the lower extremities. The applicant's gait was not described. Aquatic therapy was endorsed while the applicant was kept off of work, on total temporary disability. On November 26, 2013, the applicant was again placed off of work, on total temporary disability. On November 15, 2013, the applicant was again placed off of work, on total temporary disability, and asked to continue additional acupuncture. The applicant's gait was not, on this occasion, clearly described or characterized. In an acupuncture note dated November 4, 2013, the applicant was again described as off of work, on total temporary disability. On January 23, 2014, the applicant was again placed off of work, on total temporary disability, and asked to continue both acupuncture and physical therapy while remaining off of work. The applicant was using Tylenol on this date, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aquatic Physical Therapy times a week times 3-6 weeks total 6 visits for low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, the documentation on file does not clearly outline how, why, and/or if reduced weight bearing is desirable here. The applicant's gait was not clearly described or characterized on multiple office visits, referenced above, including on the January 14, 2014 progress note on which additional aquatic therapy was sought. It is further noted that the applicant has had previous aquatic therapy (at least six sessions, per the claims administrator) and has, furthermore, failed to profit from the same. The applicant remains off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.