

Case Number:	CM14-0048307		
Date Assigned:	07/02/2014	Date of Injury:	12/01/2005
Decision Date:	01/07/2015	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/16/2014

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 and knee pain reportedly associated with an industrial injury of December 1, 2005. In a Utilization Review Report dated April 1, 2014, the claims administrator failed to approve request for unspecified amounts of aquatic therapy, stating that the applicant should have successfully transitioned to a home exercise program. The claims administrator stated that its decision was based on an RFA form received on March 28, 2014. The applicant's attorney subsequently appealed. In a progress note dated July 16, 2013, the applicant reported ongoing complaints of low back and knee pain with superimposed complaints of myofascial pain syndrome. The applicant stated that he was minimally depressed. The applicant was given trigger point injections. Tramadol and Flexeril were renewed. Aquatic therapy was sought at this point. The applicant was asked to perform home exercises. It was stated that the applicant could perform aquatic therapy exercises at a gym. The applicant was returned to regular duty work. On October 25, 2013, the applicant received further trigger point injections for reported myofascial pain syndrome. It was again stated that the applicant was working 40 hours a week. Aquatic therapy exercise and/or home stretching exercises were endorsed while the applicant was returned to regular duty work. On March 25, 2015, the applicant again reported ongoing complaints of low back pain, myofascial pain, and knee pain. Tramadol and Naprosyn were renewed. The applicant was asked to continue aquatic therapy exercises and apparently returned to regular duty work. The applicant's gait was not clearly described, although the applicant did exhibit limited lumbar range of motion and some pain and tenderness about the paraspinal musculature. The applicant did have some difficulty performing heel ambulation, it was suggested. This was not expounded upon, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (preface)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, 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 weightbearing is desirable, in this case, it does not appear that reduced weightbearing is, in fact, desirable. The applicant's gait was not clearly described or characterized on March 25, 2014 office visit, on which aquatic therapy was sought. While the applicant did exhibit some pain limited range of motion, myofascial tender points, and difficulty with heel ambulation, it is not clear that the applicant is unable to or incapable of performing land-based therapy or land-based exercises. The MTUS Guidelines in ACOEM Chapter 3, page 48 further notes that it is incumbent upon a requesting provider to furnish a prescription for physical therapy, which "clearly states treatment goals." Here, the open-ended nature of the request and lack of treatment duration or quantity does not, by definition, clearly state treatment goals. Therefore, the request is not medically necessary.