

Case Number:	CM15-0002899		
Date Assigned:	01/13/2015	Date of Injury:	02/20/2014
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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: California

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:

This 47 year old female sustained work related industrial injuries on February 20, 2014. The injured worker was diagnosed and treated for cervical spine, thoracic spine and lumbar spine strain with lumbar radiculopathy and right foot contusion. Treatment consisted of radiographic imaging, prescribed medications, physical therapy, acupuncture, chiropractic treatment, consultations and periodic follow up visits. Per treating provider report dated 12/2/2014, the injured worker reported cervical pain and thoracic pain and lumbar spine pain. Physical exam revealed tenderness in decrease range of motion in cervical spine, decreased range of motion in the right shoulder and tenderness in decrease range of motion in the left shoulder. Thoracolumbar spine exam revealed decrease range of motion and positive straight leg raising. The treating physician prescribed services for aquatic therapy x12 sessions for the lumbar, thoracic, cervical, both shoulders now under review. On December 17, 2014, the Utilization Review (UR) evaluated the prescription for aquatic therapy x12 sessions for the lumbar, thoracic, cervical, both shoulders. Upon review of the clinical information, UR non-certified the request for aquatic therapy x12 sessions for the lumbar, thoracic, cervical, both shoulders, noting the MTUS Guidelines. On January 6, 2015, the injured worker submitted an application for IMR for review of aquatic therapy x12 sessions for the lumbar, thoracic, cervical, both shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Additionally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. Finally, guidelines support a 6-visit trial of therapeutic modalities which is exceeded with the current request. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.