

Case Number:	CM15-0130102		
Date Assigned:	07/22/2015	Date of Injury:	02/14/2011
Decision Date:	08/19/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 63 year old female, who sustained an industrial injury on 2/14/2011. She reported a slip and fall with injury to right hip. Diagnoses include hip sprain, low back pain, sacroiliac sprain, hip pain, and hip bursitis. Treatments to date include cyclobenzaprine, physical therapy and aquatic therapy. Currently, she complained of right hip pain rated 5/10 VAS. On 5/15/15, the physical therapist documented an MRI revealed a glutinous minimus tear. The right hip was noted to have decreased range of motion with pain and decreased strength. There was tenderness noted with palpation. The plan of care included twelve additional aquatic therapy sessions, twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 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 Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy 12 sessions is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are sprain hip and thigh; low back pain; sacroiliac sprain; hip pain and bursitis. The date of injury is February 14, 2011. The request for authorization is July 1, 2015. According to a progress note dated June 25, 2015, the injured worker was authorized eight aquatic therapy sessions. The injured worker reportedly completed three of the authorized sessions. The injured worker is 5'3" and weighs 160 pounds with a BMI of 28.34. An additional five sessions of physical therapy are still pending. There is no documentation of failed land-based physical therapy. There is a single progress aquatic therapy progress note. There is no overall documentation (premature) of objective functional improvement from aquatic therapy. There is no compelling clinical documentation indicating additional physical therapy (over the recommended guidelines) is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation of failed land-based physical therapy, aquatic therapy 12 sessions is not medically necessary.