

Case Number:	CM15-0130120		
Date Assigned:	07/16/2015	Date of Injury:	05/06/2014
Decision Date:	08/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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:

The injured worker is a 65 year old female who sustained a work related injury May 6, 2014. She had a collision with a student, fell to the ground, and developed left elbow pain, left knee pain, right shoulder pain, low back pain, and left hip pain. Treatment included sinus tarsi injection by a podiatrist for the left ankle, acupuncture to the right shoulder and medication. According to a pain and rehabilitative physician's assistants progress report, dated June 3, 2015, the injured worker presented as a follow-up of right shoulder pain, low back pain and left ankle pain. She reports the pain ranges from 5-8 out of 10 depending on activity. Currently, the left ankle pain is prominent with difficulty with ambulation greater than 10 minutes. She is status post cortisone injection into the left ankle with 2 weeks of benefit. She continues to have low back pain with radiation into her left lower extremity, particularly into her buttocks. There is right shoulder pain with forward flexion. A qualified medical examiner evaluated the injured worker two weeks ago and recommended aqua therapy. Objective findings included: morbid obesity; antalgic gait; no swelling, edema or tenderness noted in any extremity; spasm and guarding in the lumbar spine; range of motion of the right shoulder is limited to forward flexion at 150 degrees and internal rotation at 60 degrees, impingement signs are present; there is tenderness to palpation around the left ankle. Current medication included Naproxen Sodium. Diagnoses are pain in joint shoulder; pain in joint pelvis, thigh; pain in joint lower leg; disorders sacrum. At issue, is the request for authorization for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation, Chapter: Shoulder - Physical Therapy; Chapter: Lumbar and Thoracic; Hip and Pelvis; Chapter: Knee and Leg; Chapter: Ankle and Foot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. The guidelines further specify that aquatic therapy should follow the same guidelines as land-based therapy in terms of duration. In this injured worker, there is documentation of prior PT noted in a panel QME note from May 2015. There was no apparent functional benefit from this, although there is no comprehensive summary of how many sessions were attended to date. The patient is noted to be obese and reduced weight bear is desirable given the ankle pain. The physical medicine guidelines of the MTUS specify that future therapy is contingent on demonstration of functional benefit from prior therapy. Therefore, a request for 12 sessions is excessive given that a full course defined by the MTUS for myalgia/neuritis is 10 sessions. It is more reasonable to trial 6 sessions initially to see if functional improvement results. This request is not medically necessary.