MAXIMUS Federal Services

Case Number:	CM15-0137008		
Date Assigned:	07/27/2015	Date of Injury:	06/14/1989
Decision Date:	08/28/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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: Massachusetts
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 68 year old male who sustained an industrial injury on 06-14-1989. Mechanism of injury was not found in documentation presented for review. Diagnoses include osteoarthritis of the right ankle and lumbar degenerative disc disease. Treatment to date has included diagnostic studies, and medications. He takes Hydrocodone for pain. He is not working, he is retired. A physician progress note dated 06-18-2015 documents the injured worker complains of severe muscle wasting with severe foot drop bilaterally. On examination his severe muscle wasting continues. He uses ankle braces to help stabilize the severe instability of the right ankle, otherwise his ankles just hurt. He can ambulate with braces and he has an abnormal gait. He has weakness in both legs. His back pain is increasing. There is severe weakness of dorsiflexion, grade 1 out of 5. He has no patella and no Achilles reflexes. He uses the ankle brace with a narrowing support. With the braces he can walk. He gets his muscle and joint exercise by walking near the edge of the pool. Treatment requested is for aqua therapy x1 lumbar, ankle. He needs aqua therapy to control his pain and reduce the Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy x1 Lumbar, Ankle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1989 and continues to be treated for low back and right ankle pain. Medications include hydrocodone with a planned tapering program. When seen, there was severe muscle wasting and lower extremity weakness. Knee and ankle reflexes were absent bilaterally. He had bilateral dorsiflexion strength of 1/5 and was using bilateral ankle foot orthosis. The assessment references exercising by walking near the edge of a pool. Being requested is a one-year gym membership for aqua therapy at a local [redacted]. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant has significant lower extremity weakness and a diagnosis of osteoarthritis affecting the ankles and a trial of pool therapy would likely be appropriate. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. If there was benefit, transition to an independent pool program would be expected and at that point a gym membership could be considered if there was a prescribed exercise program. In this case, there is no prescribed exercise program or history of instruction in aquatic therapy. The request is not medically necessary.