

Case Number:	CM15-0139185		
Date Assigned:	07/29/2015	Date of Injury:	11/08/2010
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 8, 2010. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve a request for 18 sessions of aquatic therapy. The claims administrator referenced an RFA form received on July 2, 2015 in its determination, along with progress notes of June 3, 2015 and June 25, 2015. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant reported ongoing complaints of neck, low back, and shoulder pain. Drug testing was endorsed. The applicant's work status was not furnished. The applicant's gait was likewise not described or characterized. On June 3, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant had superimposed issues with lung cancer, it was reported. The applicant was described as not falling and having appropriate balance. The applicant was described as "able to perform a tandem gait," it was reported. Upper and lower extremities strength from 4 to 4+/5, it was reported. Aquatic therapy was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, three times a week for six weeks: Upheld

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

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

Decision rationale: No, the request for 18 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of 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 weight bearing was desirable, here, however, there was no evidence to support the proposition that reduced weight bearing was, in fact, desirable. The applicant was described as exhibiting an intact tandem gait on June 3, 2015. The applicant stated that her balance was 'okay' reported on June 3, 2015. It did not appear, in short, that reduced weight bearing was necessarily desirable here. It is further noted that the 18 session course of treatment at issue, in and of itself, represents treatment in excess of the 8-to-10 session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. The attending provider failed to make a compelling case for such a protracted, lengthy course of the treatment well in excess of MTUS parameters. Therefore, the request was not medically necessary.