MAXIMUS Federal Services

Case Number:	CM15-0147283		
Date Assigned:	08/10/2015	Date of Injury:	09/08/2010
Decision Date:	09/10/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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 [redacted] beneficiary who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of September 8, 2010. In a Utilization Review report dated July 23, 2015, the claims administrator failed to approve a request for 15 sessions of aquatic therapy ordered on May 1, 2015. The applicant's attorney subsequently appealed. On April 3, 2015, both aquatic therapy and lumbar MRI imaging were endorsed. In a progress note dated May 3, 2015, the applicant was placed off of work, on total temporary disability, through September 30, 2015, owing to ongoing complaints of knee, foot, and low back pain. The note was difficult to follow as it mingled historical issues with current issues. The applicant was on Norco and Neurontin for pain relief, it was reported. The applicant was in the process of applying for Social Security Disability Insurance (SSDI), it was acknowledged. Aquatic therapy was sought while the applicant was seemingly kept off of work. The applicant did exhibit 5/5 bilateral upper and bilateral lower extremity strength, it was reported. The applicant exhibited a slight limp and was using a cane to move about, it was suggested in one section of the note. The applicant was placed off of work, on total temporary disability, via earlier notes dated March 17, 2015 and May 1, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2x Weekly for 8 Weeks Low Back and Left Knee/Leg Qty: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 99; 8.

Decision rationale: No, the request for 16 sessions of aquatic therapy for the low back and leg was not medically necessary, medically appropriate, or indicated here. While page 22 of the 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 is desirable, as appeared to be the case here, this recommendation is, however, qualified by commentary made on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a general course of 9-10 sessions of treatment is recommended for applicants with myalgias and myositis of various body parts, the diagnoses reportedly present here, and by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, thus, the request for 16 sessions of aquatic therapy represented treatment well in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the issue seemingly present here. The attending provider failed to furnish a clear or compelling rationale for such a lengthy, protracted course of therapy. Multiple progress notes, referenced above, also mingled historical issues with current issues. It was not clearly stated whether the applicant had or had not had prior aquatic therapy in the past and, if so, what the response to the same was. Page 48 of the ACOEM Practice Guidelines further stipulates that an attending provider furnish a prescription for therapy which clearly states treatment goals. Here, however, clear treatment goals were neither stated nor formulated. The requesting provider did not clearly state how the proposed aquatic therapy could be employed to advance the applicant's activity level or work status. Therefore, the request was not medically necessary.