

Case Number:	CM15-0167790		
Date Assigned:	09/08/2015	Date of Injury:	11/30/2007
Decision Date:	10/07/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/26/2015

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: 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 injured worker is a 59 year old male, who sustained an industrial injury on November 30, 2007. He reported a slip and fall injury. The injured worker was currently diagnosed as having failed back surgery syndrome, sacroiliac joint dysfunction and pain, lumbar facet joint pain, lumbar neuralgia and bilateral knee arthropathies. Treatment to date has included diagnostic studies, surgery, medications, injection therapy, acupuncture, spinal cord stimulator trial, exercises including water therapy, chiropractic treatment and home exercise. He reported that water therapy in combination with acupuncture allows him to remain functional and remain off narcotic pain medications. On July 23, 2015, the injured worker complained of bilateral knee pain and lumbar spine pain with lower extremity numbness and tingling status post surgical intervention. He rated his pain as a 7-8 on a 0-10 pain scale. The treatment plan included medication and a one-year gym membership for aquatic therapy. A request was made for twenty-four sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 sessions of aquatic therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy/Physical Medicine Page(s): 22/98-99.

Decision rationale: MTUS Guidelines supports aquatic therapy for individuals who have difficulty with land based exercises which appears to apply to this individual. However, the Guidelines specifically state that the amount of recommended supervised aquatic therapy should be based on the recommendations for general physical therapy. MTUS Guidelines clearly state that up to 10 sessions of supervised physical therapy is adequate to develop a rehabilitation/activity program in a motivated individual. It may be very reasonable to for this individual to transition to an independent aquatic based exercise program, but the medical necessity of an additional 24 sessions of aquatic therapy is not supported by Guidelines and is not medically necessary.