

Case Number:	CM15-0182012		
Date Assigned:	09/23/2015	Date of Injury:	04/24/2003
Decision Date:	10/27/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 (n) 57-year-old female, who sustained an industrial injury on 4-24-03. The injured worker was diagnosed as having reflex sympathetic dystrophy of the lower extremity, carpal tunnel syndrome and chronic pain syndrome. The physical exam (3-10-15 through 6-23-15) revealed 8 out of 10 pains in the left lower extremity and an antalgic gait favoring the left. Treatment to date has included physical therapy (from 4-17-15 through 6-15-15), a walking boot, Percocet, Norco, Lidocaine gel, Ibuprofen, a compounded cream and Diclofenac gel. As of the PR2 dated 8-18-15, the injured worker reports chronic pain in her left lower extremity. Objective findings include an antalgic gait favoring the left. The treating physician noted that the injured worker could not tolerate land physical therapy. The treating physician requested aquatic therapy 2 x weekly for 3 weeks for the left lower extremity. The Utilization Review dated 9-9-15, non-certified the request for aquatic therapy 2 x weekly for 3 weeks for the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 3 weeks left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Aqua therapy is in question for this injured worker for chronic pain. Per the guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, as in extreme obesity. In this case, the records do not justify why aqua therapy is indicated over a course of land-based therapy and the aqua therapy is therefore not medically necessary.