

Case Number:	CM15-0184837		
Date Assigned:	09/25/2015	Date of Injury:	11/26/2004
Decision Date:	11/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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 41 year old female who sustained an industrial injury on November 26, 2004. On February 06, 2015, an operative report noted the worker having undergone a bilateral transforaminal epidural injection. A recent primary treating office visit dated July 28, 2015 reported chief subjective complaint of cervical pain, thoracic pain, and lumbar spine pain. She states "she continues to seek pain management follow up; however; he is only treating the low back". "Two weeks started with increased knee pain." The following diagnoses were applied to this visit: cervical, thoracic and lumbar sprain; myofascial pain syndrome; cervical, thoracic, and lumbar spine degenerative disc disease; bilateral carpal tunnel syndrome; fibromyalgia, and right knee sprain and strain. The plan of care is with requested recommendation for: continuing home exercise program; continue pain management; rheumatology evaluation for right knee; additional aquatic therapy session treating cervical, thoracic and lumbar spine, and right knee; and administered injection to right knee. She is permanent and stationary. Primary follow up dated February 11, 2105 reported unchanged subjective chief complaint. The plan of care is with standing recommendation, request for aquatic therapy session; home exercises, pain management and current medications. On August 24, 2015, a request was made for aqua therapy session that was non-certified due to insufficient documentation regarding previous aquatic therapy session outcomes along with no evidence of functional or pain improvement; therefore, medical necessity is not supported. On September 14, 2015, Utilization Review assessed the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Aquatic Therapy x 12 DOS 7-28-15: 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, Physical Medicine.

Decision rationale: MTUS Guidelines support limited supervised aquatic therapy if an individual has difficulty with land-based exercises due to a specific medical condition. The Guidelines also state that the amount of aquatic therapy should be applied from the recommendations on physical therapy for chronic conditions. The Guidelines recommend up to 10 sessions of Guided therapy as adequate for chronic conditions, with the expectation that an independent program will be established. There are no unusual circumstances to support exceeding the Guideline recommendation for up to 10 sessions. The request for Retrospective Aquatic Therapy x 12 DOS 7-28-15 is not supported by Guidelines and is not medically necessary.