

Case Number:	CM15-0192151		
Date Assigned:	10/23/2015	Date of Injury:	04/01/2013
Decision Date:	12/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female patient who sustained an industrial injury on 4-1-13. The diagnoses include pain in joint - pelvis and thigh and psychogenic pain. Per the notes dated 9/15/15, she had complaints of ongoing pain in the lower back and right hip. Per the notes dated 7-1-15, she completed a functional restoration program. She states that she had "difficulty with the physical aspect" of the program and "feels that aquatic therapy is necessary to allow her to increase stamina and strength." The functional restoration program discharge note dated 7-10-15 indicates improvement in right hip range of motion, plantar flexion strength, and independence with self-management activities. The report states that she "showed overall improvement in her lumbar spine range of motion and some improvement in her upper extremity range of motion and strength". The report also states "she will continue to benefit with focus on increased strength and range of motion in the lower extremities." The physical exam dated 7-1-15 revealed the patient "is in pain" and "is tearful", "Normal" muscle tone without atrophy of bilateral upper and lower extremities. The treating provider indicates that she "continues to have knee pain and pelvis pain overall and she feels that her strength has not improved much since the program." The treating provider indicates that the patient is requesting aquatic therapy "which has benefited" the patient. The medications list includes rozerem, ibuprofen, flexeril, atenolol, lisinopril, metformin and aspirin. She had lumbar spine MRI on 5/3/13 and 9/19/2013 and right hip MRI on 6/11/13. She has undergone right hip arthroscopic labral repair. She had physical therapy, acupuncture, aqua therapy and exercise program for this injury. She has not worked since 4/2/2013. A request for 6 sessions of aquatic therapy is indicated in the treatment plan. The

utilization review (9-11-15) includes a request for authorization of functional restoration aftercare program x 6 sessions. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration aftercare program (aquatic therapy), quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

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

Decision rationale: Per MTUS 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, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. The medical necessity of functional restoration aftercare program (aquatic therapy), quantity: 6 sessions is not fully established for this patient. The request is not medically necessary.