

Case Number:	CM15-0195054		
Date Assigned:	10/08/2015	Date of Injury:	03/26/2014
Decision Date:	11/23/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/05/2015

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 56-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of March 26, 2014. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for an extension of aquatic therapy. The claims administrator cited an August 26, 2015 office visit in its determination. The claims administrator contended that the applicant had 30 sessions of treatment to date. The claims administrator reported in one section of the note the applicant was using a walker to move about but then stated, somewhat incongruously, the applicant did not have a condition, which required reduced weight bearing. The applicant personally appealed, in a handwritten letter dated September 30, 2015. The applicant acknowledged that she was not working. The applicant stated that she had multifocal pain complaints and pain generators to include meniscal derangement of the knee, low back pain, ankle pain, wrist pain, mid back, and neck pain. The applicant incidentally noted that she had depleted all of her accumulated sick leaves following the industrial injury. On an RFA form dated August 26, 2015, the attending provider seemingly sought authorization for an extension of aquatic therapy by six additional visits. On associated office visit of the same date, August 26, 2015, the applicant reported multifocal complaints of bilateral knee pain, bilateral ankle pain, and low back pain. The applicant had completed 30 sessions of physical therapy and 5 to 6 sessions of aquatic therapy, the treating provider reported. The note was very difficult to follow and mingled historical issues with current issues. The treating provider stated in one section of the note, the applicant was working modified duty, although this remark was seemingly contravened by the applicant's

own statement on her September 30, 2015 appeal letter. The treating provider stated the applicant was using a walker to move about. Glucosamine and topical diclofenac were endorsed. The applicant was apparently asked to pursue further aquatic therapy. The treating provider contended that the aquatic therapy was beneficial, but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional/extension of water therapy: Upheld

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

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

Decision rationale: No, the request for an addition or extension of water therapy (AKA aquatic therapy) 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 is seemingly the case here, this recommendation is, however, qualified 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, however, the applicant was no longer working, she reported in her appeal letter dated September 30, 2015. The applicant was still using a walker to move about, the treating provider stated on August 26, 2015. The applicant remained dependent on topical agents such as Flector, it was further noted on that date. A rather proscriptive 10-pound lifting limitation was renewed on that date of service, seemingly unchanged from prior visits. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite receipt of at least five to six prior aquatic therapy treatments. Therefore, the request for an addition or extension of aquatic therapy was not medically necessary.