MAXIMUS Federal Services

Case Number:	CM15-0195220		
Date Assigned:	10/09/2015	Date of Injury:	09/01/2009
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
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 63-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 1, 2009. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for 12 sessions of aquatic therapy. The claims administrator referenced a July 15, 2015 office visit in its determination. The claims administrator issued a partial approval of 9 sessions of aquatic therapy. It was not clearly stated whether the claimant had or had not had prior aquatic therapy. The applicant's attorney subsequently appealed. On July 15, 2015, the applicant apparently consulted a neurologist. The applicant reported difficulty performing activities as basic as dressing, grooming, bathing, sleeping, standing, walking, and running, it was reported. The applicant had multiple pain generators to include the neck, low back, bilateral knees, bilateral shoulders and elbow. The applicant had derivative complaints of psychological stress also present. The applicant was not working, it was acknowledged. The applicant was described as exhibiting a slight limp about the right leg. It did not appear that the applicant was using a cane, crutch, walker or other assistive device. Additional aquatic therapy was sought while the applicant was seemingly kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (acute & chronic): Physical medicine treatment. (2015).

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

Decision rationale: No, the request for 12 sessions of 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, here, however, it was not clearly stated or clearly established that reduced weight bearing was, in fact, desirable. The applicant was apparently ambulating independently, albeit with a slight limp, on July 15, 2015. The applicant's ability to independently ambulate as of the date of request, thus, seemingly argued against the need for the aquatic therapy at issue. The treating provider also reported on July 15, 2015 that the request for aquatic therapy in fact represented a renewal or extension request for the same. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates, however, that demonstration of functional improvement is necessary at various milestones in the treatment program in order justify continued treatment. Here, however, the applicant remained off of work, it was reported on July 15, 2015. The applicant was using unspecified analgesic medications on that date. The applicant reported continued difficulty performing activities as basic as dressing, grooming, and bathing, it was acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of aquatic therapy over the course of the claim. Therefore, the request was not medically necessary.