

Case Number:	CM15-0203759		
Date Assigned:	10/20/2015	Date of Injury:	04/29/1992
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old female, who sustained an industrial injury on 04-29-1992. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, deep vein thrombosis (DVT), chronic back pain, lumbar stenosis, myofascial pain syndrome, and failed back syndrome. Medical records (04-22-2015 to 08-12-2015) indicate ongoing low back and pain, and new complaints of left knee pain (as of 06-22-2015). Pain levels were rated 7-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-12-2015, revealed no lower extremity pain, slight edema in the left lower extremity, good motor strength in the lower extremities, mildly kyphotic upper posture (able to correct when prompted), and some mild tenderness to palpation over the paraspinal muscles. Relevant treatments have included: lumbar decompression and fusion surgery (11-2014), 2 left knee replacement surgeries, physical therapy (PT) without evidence of improvement, work restrictions, and pain medications. The request for authorization (07-31-2015 and 09-09-2015) shows that the following treatment was requested: aquatic therapy evaluation and 18 sessions of aquatic therapy treatment. The original utilization review (09-16-2015) non-certified the request for aquatic therapy evaluation and 18 sessions of aquatic therapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy evaluation and treatment; eighteen (18) visits: 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): Physical Medicine, Aquatic therapy.

Decision rationale: Aquatic therapy evaluation and treatment; eighteen (18) visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had extensive prior PT. There are no indications that the patient is unable to participate in a land based therapy program. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 18 more supervised therapy visits therefore this request is not medically necessary.