

Case Number:	CM15-0204207		
Date Assigned:	10/21/2015	Date of Injury:	04/14/2012
Decision Date:	12/09/2015	UR Denial Date:	09/21/2015
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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female who sustained an industrial injury on 4-14-2012. A review of the medical records indicates that the injured worker is undergoing treatment for pain in limb, multiple contusions arm and multiple contusions leg. According to the progress report dated 9-9-2015, the injured worker complained of pain in the knees and bilateral hips. She had just finished pool therapy and acknowledged that it helped. She stated her cervical spine was "ok". She reported being unable to do activities of daily living due to pain. Per the treating physician (9-9-2015), the work status was "usual and customary." Objective findings (9-9-2015) revealed "no new changes to the lumbar spine, intact sensory and vascular examinations." body mass index (BMI) was noted to be 30. Treatment has included acupuncture, physical therapy, psychotherapy and medications (Ibuprofen). The progress report dated 8-25-2015 documented "aquatic therapy not helping." The original Utilization Review (UR) (9-21-2015) denied a request for pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua Therapy Visits for The Lumbar Spine, Cervical Spine and Right Elbow 2x6:
 Upheld

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

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

Decision rationale: The patient presents with knee, bilateral hip and back pain. The current request is for 12 Aqua Therapy visits for the Lumbar spine, Cervical Spine and Right Elbow 2x6. The treating physician's report dated 09/09/2015 (11C) states, "Patient finished outpatient pool therapy (PT), and acknowledges that it "helped." States she is still having pain in the knees and bilateral hips. States she is unable to do activities of daily living due to pain. Has pain daily." States cervical spine is "ok." States she still has back pain, but stable at this time. No aquatic therapy reports were provided for review. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. Medical records show that the patient has completed some recent pool therapy. However, the number of visits was not documented. While the patient reports that pool therapy "helped," there is no documentation of functional improvement. Furthermore, the patient does not appear to be obese or have any weight bearing issues to warrant aquatic therapy. Lastly, the requested 12 sessions exceed MTUS Guidelines. The current request is not medically necessary.