

Case Number:	CM15-0020827		
Date Assigned:	02/10/2015	Date of Injury:	06/26/2001
Decision Date:	04/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old male, who sustained an industrial injury on June 26, 2001. The injured worker was diagnosed as having multi-level cervical discopathy, status post left shoulder arthroscopy, multilevel lumbar discopathy, right hip Paget's disease with sprain/strain, tear of the left biceps, status post left knee arthroscopy with arthroscopic partial medial meniscectomy and chondroplasty, left foot metatarsalgia, status post reconstructive surgery of the right hip and left foot, amputated toe. Treatment to date has included multiple surgical interventions, and medications. Currently, the injured worker complains of aching pain in the right hip, back, ankles/feet, hands, and bilateral shoulder. He reports that Norco and Celebrex help and he is not attending therapy. The treatment plan includes orthopedic evaluation, bone scan, aquatic therapy and continuation of his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic back and lower extremity pain. Treatments have included right hip surgery and left knee arthroscopic surgery and a left toe amputation. The claimant is obese with a BMI of over 30. Being requested is 6 sessions of aqua therapy. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant has bilateral lower extremity orthopedic injuries and is obese. The number of treatments requested is with chronic pain treatment guidelines. Therefore, the request is medically necessary.