

Case Number:	CM15-0027009		
Date Assigned:	02/19/2015	Date of Injury:	09/24/2008
Decision Date:	12/22/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/12/2015

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 [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 24, 2008. In a Utilization Review report dated January 23, 2015, the claims administrator failed to approve a request for 12 sessions of aquatic therapy. The claims administrator referenced a January 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said January 14, 2015 office visit, the applicant reported multifocal complaints of chronic low back and bilateral knee pain. The applicant was not working with permanent limitations in place, the treating provider reported. 8/10 pain complaints were noted. Standing, walking, bending, and weight bearing, all remained problematic, the treating provider acknowledged, despite receipt of prior unspecified amounts of aquatic therapy over the course of the claim. The applicant apparently received corticosteroid injection therapy in the clinic while topical diclofenac, Flexeril, and oral Tylenol were renewed. Additional aquatic therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x6 for the lower back and both knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: No, the request for 12 additional 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, as was seemingly the case here in form of the applicant's bilateral knee arthritis. The 12-session course of therapy at issue, in and of itself, represented treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, the treating provider reported on January 14, 2015. The applicant remained dependent on a variety of oral and topical agents to include topical Voltaren, oral Flexeril, oral Tylenol, etc., in addition to corticosteroid injection therapy. Permanent work restrictions were renewed, seemingly unchanged from previous visits, 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 is not medically necessary.