

Case Number:	CM15-0223501		
Date Assigned:	11/19/2015	Date of Injury:	07/31/2015
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/13/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 64 year old female who sustained an industrial injury on 07-31-2015. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral osteoarthritis of the knees, cervical, thoracic and lumbar sprain and strain and obesity. The injured worker is status post remote gastric bypass. According to the treating physician's progress report on 10-08-2015, the injured worker continues to experience cervical, thoracic, and lumbar spine pain, knee pain (left worse than right) and bilateral forearm numbness. The injured worker rated her pain at 8 out of 10 on the pain scale. Observation noted difficulty getting on and off examination table, an antalgic gait and uses a cane for ambulation. Body mass index was documented at 37.88. The left knee examination demonstrated limited flexion with pain and positive joint line tenderness. There was no swelling or effusion noted with negative patellar apprehension, negative anterior and posterior drawer tests with a questionable McMurray's test. The cervical and thoracic spine demonstrated tenderness of the right trapezius, paracervical and parathoracic muscles with full range of motion. The lumbar spine revealed full range of motion with tenderness at the paralumbar and sacroiliac area. Motor strength, deep tendon reflexes and sensation of the bilateral lower extremities were intact. Prior treatments have included acupuncture therapy (4 out of 6 completed and not beneficial), physical therapy (quantity unknown), knee brace, lumbosacral orthosis, home exercise program and medications. Current medications were listed as Tylenol (over the counter), Baclofen and topical analgesics. The injured worker remains off work due to the lack of modified duty available. Treatment plan consists of weight loss, exercise for muscle strengthening and increased flexibility and the

current request for pool therapy to the cervical, thoracic and bilateral shoulders, twice a week for three (3) weeks. On 10-19-2015 the Utilization Review determined the request for pool therapy to the cervical, thoracic and bilateral shoulders, twice a week for three (3) weeks was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy to the cervical, thoracic, and bilateral shoulders, two (2) times a week for three (3) weeks: 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): Aquatic therapy.

Decision rationale: Pool therapy to the cervical, thoracic, and bilateral shoulders, two (2) times a week for three (3) weeks is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize effects of gravity, so it is specifically recommended where reduce weight bearing is desirable, for example extreme obesity. For ankle sprains, postsurgical treatment allows 34 visits of physical therapy over 16 weeks. The exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be of early passive range of motion exercises at home by therapist. This randomized controlled trial supports early motion (progressing to full weight bearing at 8 weeks from treatment) as an acceptable form of rehabilitation and surgically treated patients with Achilles tendon ruptures. The claimant's records did not indicate the rationale for aqua therapy. Per MTUS Guidelines pages 12 and 22, aqua therapy is recommended where weight bearing is desirable. There is no documentation that weight-bearing exercises were desirable as result of a co-morbid condition such as extreme obesity. Additionally, the claimant had previously completed physical therapy without documentation of benefit or improved function. Therefore, the requested service is not medically necessary.