

Case Number:	CM15-0035471		
Date Assigned:	03/03/2015	Date of Injury:	06/11/2010
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/25/2015

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

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:

The injured worker is a 57-year-old female, who sustained an industrial injury on 6/11/2010. She has reported multiple injuries to neck, back, upper extremities, and both knees. The diagnoses have included shoulder strain, tenosynovitis, neck sprain, rotator cuff syndrome, frozen shoulder, sciatica, internal derangement of the knee and tendinitis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, steroid injection and Synvisc injection to bilateral knees, braces to knees and physical therapy. Currently, the IW complains of ongoing pain in the neck, shoulder, and knees that is associated with radiation of pain, throbbing, to the lower back rated 8/10 VAS. The physical examination from 1/12/15 documented significant swelling to bilateral knees and multiple trigger points in upper and lower back. There was painful Range of Motion (ROM) of bilateral shoulders. On 2/4/2015 Utilization Review non-certified aquatic therapy twice a week for six weeks, noting the documentation did not support that medical necessity had been established. The MTUS Guidelines were cited. On 2/25/2015, the injured worker submitted an application for IMR for review of aquatic therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy physical medicine Page(s): 22, 98-99.

Decision rationale: Based on the 01/12/15 progress report, the patient presents with ongoing pain in the neck, shoulders and knees. Patient experiences pain that radiates to the lower back and described the pain as stabbing, aching, throbbing and radiating, rated 8/10. The request is for AQUATIC THERAPY 2X6. There is no RFA provided. The diagnoses have included shoulder strain, tenosynovitis, neck sprain, cervical radiculopathy, rotator cuff syndrome, frozen shoulder, sciatica, internal derangement of the knee, joint pain; ankle and foot and tendinitis. Physical examination on 01/12/15 revealed tenderness to palpation in the medial joint line, limited range of motion of the shoulders bilaterally. The patient remains temporarily totally disabled. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically, recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. "Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." The patient has undergone an unknown number of physical therapy sessions. The treater states on 11/24/14 report, "I would like to refer her to aquatic therapy two times a week for six weeks to help maximize her strength and flexibility." The treater then modifies the request to 2 x 4 on 1/12/15 report. However, there is no documentation of morbid obesity nor the need for reduced weight bearing exercise need to warrant water therapy as required by MTUS. The current request for 12 sessions also exceeds what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.