

Case Number:	CM15-0040183		
Date Assigned:	03/20/2015	Date of Injury:	11/24/1999
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 50 year old female who sustained an industrial injury on 11/24/1999. She reported injury to the right knee and back. The injured worker was diagnosed as having lumbago, arthritis of knee, chronic pain syndrome, psychophysiologic disorder, and depressive disorder not elsewhere classified. Treatment to date includes use of canes, physical therapy and surgeries. Currently she is being treated with physical therapy and medications for pain. Currently, the injured worker complains of left knee pain and back pain with radiculopathy. A request for authorization is made for water therapy 2 times a week for 6 weeks for the whole body, neck, back and arms and a request is also made for a lumbar facet joint cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Therapy 2 times a week for 6 weeks for the whole body, neck, back and arms:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises since the claimant was advised to increase activity as tolerated. The amount requested exceeds the amount suggested by the guidelines. The request above is not medically necessary.