

Case Number:	CM15-0060104		
Date Assigned:	04/06/2015	Date of Injury:	08/08/2014
Decision Date:	05/06/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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, 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 59 year old female, who sustained an industrial injury on 8/08/2014. She reported a lifting injury. The injured worker was diagnosed as having lumbar and thoracic strain/sprain and sprains and strains of other specified sites of knee and leg. Treatment to date has included diagnostics, cortisone injection, physical therapy (notes not submitted), hydrotherapy (notes not submitted), unspecified durable medical equipment, and medications. Currently, the injured worker complains of moderately severe back and knee pain, rated 7/10. Current medications were listed as Lisinopril, Tramadol, Doxycycline, Omeprazole, Metronidazole, Albuterol, Acetaminophen, Meloxicam, and Polar Frost gel. It was documented that she was not responding well to physical therapy and hydrotherapy done at a private facility was to continue. A progress note dated 10/30/2014, noted height at 60 inches and weight at 190 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

72 pool therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-

Treatment in Workers' Compensation (ODG) Low Back Chapter - Lumbar & Thoracic (Acute & Chronic), Knee & Leg Chapter (Acute & Chronic), Ankle & Foot Chapter (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, the requested number of sessions are not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested aquatic therapy is not medically necessary.