

Case Number:	CM15-0244761		
Date Assigned:	12/24/2015	Date of Injury:	05/11/2000
Decision Date:	01/29/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 73 year old female, who sustained an industrial injury on 5-11-00. The injured worker was being treated for musculoligamentous sprain-strain of lumbar spine, musculotendinoligamentous sprain of cervical spine, sprain of bilateral shoulders, impingement syndrome of bilateral shoulders, right carpal tunnel release and adjustment reaction with depression and anxiety secondary to chronic pain, lumbar facet arthropathy, bilateral lateral epicondylitis of elbow, bilateral wrist and hand strain and osteoarthritis of bilateral hands. On 7-21-15, the injured worker complains of continued intermittent back pain, unchanged from previous visit. She rates the pain 5-9 out of 10. Work status is noted to be totally temporarily disabled. Physical exam performed on 7-21-15 revealed no abnormalities. Treatment to date has included oral medications including Voltaren 100mg, Fexmid 7.5mg, Norco 10-325mg, Celebrex 200mg and Valium 5mg; topical Flector patch, TENS unit, physical therapy, home exercise program, cane for ambulation and activity modifications. The treatment plan included referral to aquatic therapy. On 11-17-15 request for aqua therapy was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy once a week for 6 weeks for low back and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

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

Decision rationale: Aqua therapy once a week for 6 weeks for low back and neck is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 PT visits for this patient's condition. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The documentation is not clear that the patient cannot participate in a land based therapy program. The documentation indicates that the patient has had prior PT. The patient should be well versed in a home exercise program. The request for aqua therapy is not medically necessary.