

Case Number:	CM14-0117861		
Date Assigned:	08/06/2014	Date of Injury:	10/29/2013
Decision Date:	10/07/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 38 year old female with a date of injury on 10/29/2013. Diagnoses include anxiety disorder, chondromalacia of patella, neck sprain, and lumbar sprain. Subjective complaints are of neck pain and stiffness that radiated to the shoulders, and low back pain which radiated to the knees. The patient also had complaints of knee pain. Physical exam showed patient was 6'3" and weighed 336 pounds. There was cervical tenderness, and decreased range of motion. The lumbar paravertebral muscles were tender, and there was decreased range of motion. The knee showed tenderness over the medial and lateral joint lines. Medications include Vicodin, and Motrin. Records indicate that the patient has already received 16 visits of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

Decision rationale: The California MTUS recommends aquatic therapy as an alternative to land based therapy specifically if reduced weight bearing is desirable, for example extreme obesity. The Official Disability Guidelines recommends aquatic therapy 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. For this patient, there is no presented rationale why land based exercise or therapy was not sufficient. Therefore, the medical necessity of aquatic therapy is not established. The Official Disability Guidelines recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. For lumbar sprains/strains and for intervertebral disc disorders the recommended physical therapy is 10 sessions over 8 weeks. This patient has already received at least 16 aquatic therapy sessions. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, the request for 12 additional aquatic therapy sessions exceeds guideline recommendations, and is not medically necessary.