

Case Number:	CM14-0122022		
Date Assigned:	09/16/2014	Date of Injury:	04/28/2005
Decision Date:	11/05/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 injured worker is a 51 year old female who reported an injury on 04/25/2005. The mechanism of injury is from slipping and falling. The injured worker's diagnoses included degeneration lumbar disc, degeneration cervical disc, pain in joint lower legs. The injured worker's past treatments included 6 sessions of active aqua therapy, TENS, medication, knee and neck bracing, physical therapy, massage therapy, and chiropractic therapy. The medical records did not include diagnostic studies or prior surgical history. On the clinical note dated 06/25/14, the injured worker complained of lower back pain, neck pain, and bilateral knee pain. The injured worker stated the aqua therapy helped her work through her pain while in the pool and felt it was making her muscles stronger. The injured worker had normal muscle tone without atrophy in all extremities, lumbar extension of 5 degrees and flexion was 30 degrees. Her straight leg raise was positive on the right with spasm and guarding to the lumbar spine. The injured worker had dorsiflexion strength of 5/5 on left and 4/5 on the right, plantar flexion 4/5 on the left and right. The injured worker's medication regimen included Flexeril 10 mg, Norco 5/325, Capsaicin 0.075% cream, ibuprofen 800 mg (frequencies not provided). The treatment plan was for aqua therapy 12 sessions. The rationale for the request was to increase her activity level with reduced stress on her joints. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, twelve (12) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical medicine Page(s): 22; 99. Decision based on Non-MTUS Citation ODG, Low back, Neck & upper back, Knee & leg, Physical therapy, Physical medicine

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

Decision rationale: The injured worker's diagnoses included degeneration lumbar disc, degeneration cervical disc, pain in joint lower legs. The California MTUS recommended 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. The guidelines recommend 9-10 visits over 8 weeks. This injured worker has already completed 6 sessions of active aqua physical therapy but indicated there was no improvement in her pain, actually making it worse when she exited the pool. It is not clearly stated in the request which area of the body is to be the focus of the physical therapy sessions and there is lack of documentation of progress in function, flexibility, and strength from the previous physical therapy sessions. There are allowed 10 sessions if treating a lumbar issue and 9 if addressing the knees. The injured worker has completed 6 sessions of aqua therapy. The request is for 12 sessions, which exceeds the guidelines recommendation of 9-10 visits over 8 weeks. There is lack of documentation of progress made in the prior sessions. Additionally, the request does not indicate the part of the body that the aquatic therapy is being requested for. As such the request for aquatic therapy, twelve (12) sessions is not medically necessary.