

Case Number:	CM14-0129069		
Date Assigned:	09/16/2014	Date of Injury:	12/15/2005
Decision Date:	10/17/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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 Occupational Medicine 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:

This is a 46-year-old male with a date of injury of 12/15/05. The mechanism of injury was not noted. He has morbid obesity with a BMI of 52. He has multiple complaints. He attended physical therapy in 10/2013, which continued into 11/2013. He had been putting on weight and was attending aquatic therapy. The therapist indicated that he could benefit from land-based physical therapy to learn self-mobilization technique with the cushion posture and body mechanics. Aquatic therapy was attended on 6/9/14. On 6/20/14 it was noted that he had completed 5/6 sessions authorized, and his home exercise program (HEP) compliance is fair. On 7/29/14, his cervical pain was stable and he was improved from the last epidural, but the pain was coming back. On exam, he had positive impingement signs and some tenderness over the acromioclavicular joint. He had tenderness of the cervical spine with restricted range of motion of motion due to pain. He had tenderness of the low back with limited range of motion. The diagnostic impression is chronic cervical pain, right shoulder impingement, carpal tunnel syndrome, chronic low back pain with degenerative arthritis, and obesity. Treatment to date: MRI lumbar spine 3/14/13, right carpal tunnel surgery mid-2010, cervical epidurals, physical therapy, aquatic therapy, home exercise program, medication management, A UR decision dated 8/6/14 denied the request for 9 aquatic pool therapy sessions. The request was denied because this is a request for 9 additional aquatic therapy sessions. The history and documentation do not objectively support the request for an additional 9 visits of aquatic therapy at this time. The patient has attended a reasonable number of such visits and there is no clinical information that warrants the continuation of aquatic therapy for an extended period. There is no documentation of measurable functional improvement from this treatment. The patient is obese but there is no evidence that he is unable to complete his rehab with an independent home exercise program (HEP).

IMR ISSUES, DECISIONS AND RATIONALES

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

(9) Aquatic Pool Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53.

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

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, there is no documentation that the patient is unable to tolerate land-based therapy and in fact, it is noted that he is currently participating in land-based therapy and aquatic therapy. There is no documentation of functional improvement with either the land-based therapy or the aquatic therapy. In addition, there is no documentation of the exact number of land-based visits and aquatic based visits to date. On 6/20/14, it was noted that his compliance with his HEP was fair. Therefore, the request for 9 Aquatic Pool Therapy sessions was not medically necessary.