

Case Number:	CM14-0146603		
Date Assigned:	09/12/2014	Date of Injury:	12/02/1998
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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, has a subspecialty in Interventional Spine 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 patient is a 61-year-old female with a date of injury of 10/02/1998. The listed diagnoses per [REDACTED] are Sciatica, Headache, Numbness of foot, Knee pain, Degeneration of lumbar intervertebral disk, Shoulder pain, Fibromyositis, Degeneration of cervical intervertebral spine, Lumbago and Cervicalgia. According to progress report 08/22/2014, the patient presents with continued neck, low back, shoulder, and knee pain. He also reports numbness in the foot. Examination revealed antalgic gait favoring the right versus left and posterior/LLD normal posture. The patient's treatment history includes medications, injections, and "physical therapy with mild improvement". The provider is requesting aquatic therapy 8 sessions. Utilization review denied the request on 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy #8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, aquatic therapy Page(s): 98,99.

Decision rationale: This patient presents with continued neck, low back, shoulder, and knee pain. He also reports numbness in the foot. The treater states, "The patient was unable to complete any physical therapy that was land-based." He is requesting aquatic therapy in order for her to increase her strength and muscle control before she proceeds to land-based therapy. MTUS recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing, such as extreme obesity. For number of treatments, MTUS Guidelines page 98 and 99 recommends for myalgia-, myositis-, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. The dates of prior land-based therapy is not indicated. It does not appear the patient has received any sort of formalized physical therapy in the recent past. Given the patient was not able to tolerate land-based therapy due to her complaints, a short course of 8 sessions of aquatic therapy may be indicated. Recommendation is for approval.