

Case Number:	CM14-0164047		
Date Assigned:	10/08/2014	Date of Injury:	01/18/2012
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/06/2014

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 Texas. 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:

Medical records reflect the claimant is a 38 year old female who sustained a work injury on 1-18-12. Office visit on 7-18-14 notes the claimant reports that she continues with a lot of depression, intermittent moderate pain in her right arm with numbness and tingling. She has increased pain in her lower back, neck and knees bilaterally with radiation into the soles of her feet. On exam, the claimant has tenderness to palpation at the cervical spine, muscle spasms, tenderness at the right shoulder, greater on the right, decreased range of motion of the shoulder, positive impingement sign, and tenderness at the thoracic spine with muscle spasms. Straight leg raising positive at 70 degrees in the seated and supine position. Exam, of the knees shows tenderness to palpation at the medial and lateral joint, crepitus noted bilaterally, restricted range of motion, muscle spasms noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aquatic Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

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).

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that aquatic therapy is recommended 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. There is an absence in documentation noting that this claimant cannot perform a home exercise program or that there is obesity that requires reduced weight bearing. Additionally, results with past physical therapy provided are not documented. The medical necessity of this request is not established; therefore, the request for 8 Aquatic Therapy Visits is not medically necessary.