

Case Number:	CM14-0184318		
Date Assigned:	11/12/2014	Date of Injury:	01/02/2010
Decision Date:	12/18/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 64 year old female with a continuous trauma work related injury dating from 02/15/1979 to 01/02/2010 involving her ankles, feet, and knees. According to a progress note dated 10/24/2014, the injured worker presented with complaints of bilateral knee pain, left back pain, and leg cramping. Diagnoses included history of lumbar stenosis status post L4 laminectomy for decompression of cauda equine and neural foramina L3-4 to L4-5 with dural tear repair on 11/02/2012, neck pain secondary to cervical spondylosis status post C7-T1 epidural steroid injection, ongoing back pain, and right knee and right ankle pain due to severe osteoarthritis. Treatments history includes cervical epidural injection, bilateral knee injections, caudal injection, bilateral L4 and L5 transforaminal injections, and medications. The injured worker was unable to return to work and ultimately retired in July of 2011. She had been getting physical therapy, massage therapy and electrical stimulation in February 2014. On 10/30/2014, Utilization Review modified the request for Aqua therapy evaluation x 1 and exercise x 11 sessions citing CA MTUS Chronic Pain Medical Treatment Guidelines. The UR physician noted that the number of sessions should be adequate to address the injured workers needs to familiarize her with water exercise and activity and maximize benefit of aquatic environment due to the severity of her condition and concomitant obesity which makes it difficult for her to participate in land based therapy as per provider discussion. Therefore, evaluation times one for aqua therapy and eight additional sessions for exercise were certified and three sessions were non-certified, which was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy evaluation and 11 sessions of aqua therapy exercise: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the guidelines of aquatic therapy is recommended as an option for exercise therapy when land based therapy cannot be performed. The amount of aqua therapy is limited to the physical medical guidelines which are 10 sessions. In this case the claimant had previously completed physical therapy. There is no indication that additional home exercises cannot be performed in a land-based program. There is no indication that extreme obesity was the reason for aqua therapy. The amount of sessions requested exceeds the amount recommended by the guidelines. The request for one evaluation and 11 sessions of aqua therapy as above is not medically necessary.