

Case Number:	CM14-0094168		
Date Assigned:	09/12/2014	Date of Injury:	05/05/2011
Decision Date:	10/16/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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 Nevada. 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 records, presented for review, indicate that this 66-year-old female was reportedly injured on May 5, 2011. The mechanism of injury was noted as losing her balance while lifting of a wheelchair. The most recent progress note, dated June 4, 2014, indicated that there were ongoing complaints of left wrist pain and right hip pain. The physical examination demonstrated a wide-based gait with antalgic finding on the right side. Ambulation was assisted with the use of a rolling walker. The injured employee has difficulty grasping her walker with her left wrist due to a prior fracture. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy, aquatic therapy, and oral medications. A request had been made for aquatic therapy two times a week for four weeks and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: The California MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. According to the progress note dated June 4, 2014, despite recent improvement with aquatic therapy, it is unclear why the injured employee is unable to participate in land-based physical therapy as she had previously participated in a home exercise program. As such, the request is considered not medically necessary.