

Case Number:	CM13-0070844		
Date Assigned:	01/03/2014	Date of Injury:	01/01/2012
Decision Date:	03/26/2015	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 59 year old male, who sustained an industrial injury on 01/01/2012. He has reported subsequent numbness of the right side of the body and was diagnosed with a stroke with right sided severe complications. Treatment to date has included medication, physical and speech therapy. In a progress note dated 10/11/2013, the injured worker was noted to have continued dragging of the left lower extremity with limited range of motion. The injured worker was noted to have previously completed 12 sessions of aqua therapy with relief of symptoms. Objective physical examination findings were documented as unchanged but no specifics were given. A request for authorization of 12 sessions of aqua therapy was made. On 12/10/2013, Utilization Review non-certified a request for aqua therapy 3 x a week x 4 weeks of the right arm and leg, noting that the request exceeded guideline criteria and that it was unclear as to why the injured worker could not manage their own condition with a daily home exercise program. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 3X4 WKS RIGHT ARM AND RIGHT LEG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July).

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, it appears the patient has previously undergone 12 sessions of aquatic therapy. There is no documentation of any objective functional improvement as a result of those 12 sessions. Additional aquatic therapy may be indicated due to the patient's stroke and subsequent weakness, but medical necessity requires documentation of objective functional improvement from the previous sessions as well as remaining treatment goals that would be unable to be addressed with land-based therapy or a home exercise program. Unfortunately, these have not been documented here. Therefore, the currently requested aquatic therapy is not medically necessary.