

Case Number:	CM14-0213245		
Date Assigned:	12/30/2014	Date of Injury:	12/29/2012
Decision Date:	02/23/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Family Practice

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 27-year old woman reported injuries to her low back, bilateral hips, right knee and right ankle after a slip and fall on 12/29/12. Her right patella was fractured and she underwent surgery on 1/8/13. Treatment has also included physical therapy and medications, including opioids. Her primary treater re-evaluated her on 11/5/14. Current complaints included pain in the back, tailbone, right knee, and right foot and ankle. The patient had completed a course of 12 aquatic therapy sessions and had found it helpful for increasing her range of motion and strength. Physical exam was notable for obesity, tenderness of the lumbar spine, left hip, and right knee. No range of motion or strength testing is documented. Diagnoses included lumbar spine sprain/strain, bilateral hip sprain/strain, left knee sprain/strain (compensable consequence), status post ORIF of right knee, R foot plantar fasciitis (compensable consequence), and gastrointestinal complaints. The treatment plan included a request for 12 additional sessions of aquatic therapy "to continue her functional improvement". The patient's work status remained at temporarily totally disabled. (She has not worked since her injury.) A physical therapy note from 9/26/14 compares the patient's status at her first and 12th PT visits. She appeared to have made slight improvement only in 10 of the 55 parameters that were compared. The rest of the parameters were unchanged except for one that was worse. She remained unable to climb stairs, unable to walk medium distances without a cane, and unable to drive for more than 15 minutes. The request for 12 additional sessions of aquatic therapy was non-certified in UR on 11/21/14. MTUS Chronic Pain, Aquatic Therapy was cited as the basis for the determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2x6 for the lumbar spine, right knee, right foot/ankle: Upheld

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 Functional Restoration Approach to Chronic Pain Management. Aquatic Therapy Page(s): 9, 22.

Decision rationale: Per the first guideline cited above, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. Per the second citation, aquatic therapy is recommended as an alternative to land-based therapy, specifically when reduced weight bearing is desirable, for example in extreme obesity. The clinical documentation in this case does not support the continued provision of aquatic therapy to this patient. Although a few sessions may have initially been appropriate due to her weight and difficulties with ambulation, she has now had 12 aquatic therapy sessions with essentially no functional improvement. Her provider has not documented any objective functional improvement due to these therapy sessions, and has not documented any specific functional goal or goals that could be accomplished with further aquatic therapy. She remains at total disability, which implies an extremely low level of functional ability. Given the minimal objective improvement documented by her physical therapist after a total of 12 visits (none of which included actual improvement in function), it appears highly unlikely that further aquatic therapy will result in significant functional improvement. Based on the MTUS citations above and on the clinical documentation provided for my review, additional aquatic therapy 2 times per week for 6 weeks is not medically necessary for this patient. It is not medically necessary because she has not demonstrated significant functional recovery with the 12 sessions of aquatic therapy she has already received, and because her provider has not documented specific functional goals that she appears likely to be able to achieve with further aquatic therapy.