

Case Number:	CM14-0215134		
Date Assigned:	01/02/2015	Date of Injury:	01/04/2003
Decision Date:	02/23/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/23/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 62-year-old woman with a date of injury of January 4, 2003. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are myalgia and myositis; temporomandibular disorder; Raynaud's syndrome; flexor tenosynovitis of the left index, right middle and right ring fingers; right knee grade III chondromalacia patella; left patellofemoral arthrosis; bilateral carpal tunnel syndrome; cervical spondylosis with mild stenosis at C5-C6; and chronic pain syndrome. Pursuant to the progress note dated November 17, 2014, the IW complains of continued total body pain, fatigue, and trouble sleeping. Objective physical findings reveal no new joint swelling. Neurological exam was normal. Current medications include Cymbalta, Gabapentin, Tramadol, Restasis, and Colace. According to UR documentation, nine (9) sessions of aquatic therapy was certified under review #1087596. There are no aquatic therapy progress notes in the medical records. There is no evidence of objective functional improvement associated with prior aquatic therapy sessions. The current request is for 36 aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 Aquatic Therapy Sessions are not: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, page 22. Decision based on Non-MTUS Citation low Back Section, Aquatic Therapy

Decision rationale: Pursuant to the Chronic Pain medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy 36 sessions are not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are myalgia and myositis; temporomandibular disorder; Reynaud's syndrome; flexor tenosynovitis of the left index, right middle and right ring fingers; right knee grade III chondromalacia patella; left patellofemoral arthrosis; bilateral carpal tunnel syndrome; cervical spondylosis with mild stenosis at C5-C6; and chronic pain syndrome. The documentation indicates the injured worker has continued total body pain, fatigue and trouble sleeping. Nine sessions of aquatic therapy were provided, however, there were no progress notes or documentation reflecting objective functional improvement with prior aquatic therapy. Aquatic therapy can minimize the effects of gravity and is specifically recommended where a reduced weight-bearing is desirable, for example extreme obesity. Additionally, the documentation is unclear as to what regional body parts were being treated. The number of sessions requested is in excess of the recommended guidelines. Consequently, absent clinical documentation and the regional body part to be treated to support aquatic therapy with evidence of objective functional improvement (with prior aquatic therapy), aquatic therapy 36 sessions are not medically necessary.