

Case Number:	CM14-0217232		
Date Assigned:	01/07/2015	Date of Injury:	12/31/1991
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 76 year old female who suffered a work related injury on 12/31/91. Per the physician notes from 09/09/14, she has continued aqua exercise program and has noted increased lumbar core and proximal leg strength with associated improved performance of activities of daily living. She continues to complain of persistent poor sleep and increased right wrist pain. The Claims Administrator non-certified the aqua exercise program on 12/17/14, citing MTUS guidelines. Aqua therapy was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Months of Supervised Aqua Exercise between 12/9/2014 and 2/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98, 78, Chronic Pain Treatment Guidelines Physical Medicine Guidelines, and Aquatic Therapy (including swim).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The patient had Complex Regional pain syndrome and had an injury on 12/31/1991 and had a course of aqua therapeutic exercise in 2004 and again another course completed in 11/2014. The request is for a 6 month course of aqua therapy. MTUS Guidelines in physical medicine specifically states that for CRPS/reflex sympathetic dystrophy the maximum number of physical therapy visits is 24 visits over 16 weeks. This patient has already exceeded for the maximum number of therapy visits and the period of time. Also, by this point in time she should have progressed to land therapy. The requested course of aqua therapy is not consistent with MTUS guidelines and is not medically necessary for this patient.