

Case Number:	CM14-0039431		
Date Assigned:	06/27/2014	Date of Injury:	12/07/2012
Decision Date:	03/16/2015	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/03/2014

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented Butler Corporation employee who has filed a claim for chronic neck, mid back, and knee pain reportedly associated with an industrial injury of December 12, 2012. In a Utilization Review Report dated March 20, 2014, the claims administrator partially approved a request for eight sessions of aquatic therapy as three sessions of the same. The claims administrator referenced progress notes of February 13, 2014 and February 26, 2014 in its determination. The applicant's attorney subsequently appealed. On April 3, 2014, the applicant reported persistent complaints of neck and low back pain, 8/10. The applicant was using Fetzima, Motrin, methadone, and Norco, it was acknowledged. X-rays of the cervical, thoracic, and lumbar spines, x-ray of the pelvis, x-ray of the knee, and a chest x-ray were endorsed. It was stated that the applicant was considering to have vertebroplasty procedure. The applicant exhibited normal cranial nerve testing. The applicant's BMI was 31. The applicant's gait was not clearly described or characterized. The applicant's coordination was, however, reportedly good. On February 26, 2014, the applicant reported persistent complaints of mid back pain. Twelve sessions of physical therapy for the knee and eight additional sessions of aquatic therapy were endorsed. The applicant was using methadone four times daily and Norco six times daily, it was acknowledged. The applicant was asked to try and diminish opioid consumption. Eight additional sessions of aquatic therapy were endorsed at the bottom of the report. A rather proscriptive 10-pound lifting limitation was renewed. The attending provider expressed concern over the applicant's continued high levels of opioid consumption. It was not clearly established whether the applicant was working or not with medications in place, although this did not appear

to be the case. The applicant was described as exhibiting a normal gait on this date. In an earlier note dated January 28, 2014, the applicant reported severe complaints of neck, mid back, and knee pain, at age 28. The applicant's gait was not described. The applicant was asked to consider tapering off of medications. The same, unchanged 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times per week for 4 weeks for the cervical/thoracic spine and the left knee:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical Medicine Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Neck & Upper back- Physical therapy and Low Back, Lumbar & Thoracic, and Knee & Leg- Physical Medicine Treatment

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

Decision rationale: No, the request for eight additional sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, it has not been clearly established that reduced weight bearing was/is desirable. The applicant was described as exhibiting a normal gait on an office visit of February 26, 2014. It was not clearly stated, thus, why the applicant could not employ conventional land-based therapy and/or conventional land-based exercises, given his reportedly normal gait as of February 26, 2014. Therefore, the request was not medically necessary.