

Case Number:	CM15-0007234		
Date Assigned:	01/26/2015	Date of Injury:	09/14/2000
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/13/2015

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

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 male, who sustained an industrial injury on 09/14/2000. On physician's progress report dated 11/04/2014 the injured worker has reported low back pain and leg pain. The diagnoses have included cervical and lumbar spondylosis; post right hip arthroplasty, post arthroscopy right knee, fused left hip, gout, osteoarthritis, depression and status post left total hip arthroplasty with subtrochanteric femoral osteotomy and bone grafting. Treatment to date has included current medications. On 12/26/2014 Utilization Review non-certified aquatic therapy 26 sessions. The CA MTUS were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for aquatic therapy 26 sessions (DOS: 9/8/14-9/29/2014, 10/01/14-10/31/14, 11/03/14-11/26/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

Decision rationale: The 58 year old patient presents with low back and leg pain, as per progress report dated 11/04/14. The request is for RETROSPECTIVE REQUEST FOR AQUATIC THERAPY 26 SESSIONS (DOS: 09/08/14-09/29/2014, 10/01/14-10/31/14, 11/03/14-11/26/14). There is no RFA for this case, and the patient's date of injury is 09/14/00. The patient's diagnoses, as per the 11/04/14 progress report, include cervical and lumbar spondylosis, fused left hip, gout, osteoarthritis, and depression. The patient is status post right total hip arthroplasty on 12/15/97, right knee arthroscopy in 1996, and left total hip arthroplasty with subtrochanteric femoral osteotomy and bone grafting on 08/03/12, as per the same progress report. The patient is temporarily totally disabled, as per progress report dated 11/04/14. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient does suffer from chronic pain. However, there is no diagnoses of obesity or any other physical condition that is preventing the patient from undergoing land-based therapy. It is not clear how aquatic therapy benefited him. Additionally, MTUS only allows for 8-10 sessions. The treater's request for 26 sessions appears excessive and IS NOT medically necessary.