

Case Number:	CM15-0012486		
Date Assigned:	01/30/2015	Date of Injury:	06/24/2013
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 48 year old female, who sustained an industrial injury on June 24, 2013. She has reported a fall onto her left side causing pain to her left hip and femur. The diagnoses have included fracture of the left hip. Treatment to date has included left femur/hip intramedullary nailing for intertrochanteric fracture, durable medication equipment, pain medication, home exercises and heating pads. Currently, the injured worker complains of constant slight pain in the low back which she described as sharp and shooting pain. The pain radiates to her left leg and foot. She reports difficulty sleeping and awakens with pain. Her height is 4'8" and her weight is 98 lbs. She exhibited a normal gait and ambulates with no assistive devices. There is tenderness to palpation over the paravertebral muscles and tenderness at the bilateral sciatic notch areas. The injured worker's toe and heel walks with back pain and left-sided hip pain. On January 6, 2015 Utilization Review non-certified a request for twelve sessions of initial aqua therapy of the lumbar spine and left hip, noting that there is no evidence of significant obesity or body habitus issues in this case presentation to support the request for aqua therapy. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On January 21, 2015, the injured worker submitted an application for IMR for review of twelve sessions of initial aqua therapy of the lumbar spine and left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Aqua Therapy, Frequency Unspecified, Lumbar Spine/Left Hip Qty 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Low Back, Aquatic Therapy MD Guidelines, Aquatic Therapy

Decision rationale: California MTUS guidelines state that Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. MD Guidelines similarly states, If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP. The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report severe degenerative joint disease. Records provided indicate that the patient received numerous physical therapy sessions (to include home exercises). No objective clinical findings were provided, however, that delineated the outcome of those physical therapy treatments. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. Regarding the number of visits, MTUS states allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. ODG states patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The number of requested visits is in excess of the initial six-visit trial. The treating physician does not document a reason to grant additional visits in excess of this trial. As such, the current request for Initial Aqua Therapy, Frequency Unspecified, Lumbar Spine/Left Hip Qty 12 is not medically necessary.