

Case Number:	CM15-0112589		
Date Assigned:	06/19/2015	Date of Injury:	08/06/2012
Decision Date:	07/29/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 was a 55 year old female, who sustained an industrial injury, August 6, 2012. The injured worker previously received the following treatments aqua therapy, Omeprazole, Tramadol, Vicodin and Capsaicin. The injured worker was diagnosed with lumbar radiculopathy and sprain/strain of the bilateral ankles. According to progress note of May 7, 2015, the injured worker's chief complaint was lower back pain with radiation into the bilateral lower extremities. The injured worker was having difficulty with activities of daily living. The injured worker was having difficulty with bathing due to losing balance. The physical exam noted paravertebral muscle tenderness. There were spasms present. The range of motion of the lumbar spine was restricted. The motor strength and sensation were grossly intact. The straight leg raises were slightly positive on the left. The knee joint lines were tender with palpation. The range of motion was within functional limits. The treatment plan included additional aqua therapy, for the right knee and bilateral leg, ankles, back, and shower chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 3x4 for right knees and bilateral legs, ankles and back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aqua therapy Page(s): 22.

Decision rationale: The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy. Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) The patient does not meet criteria as outlined above for aquatic therapy. And the amount is in excess of California MTUS recommendations for physical therapy. Therefore, the request is not certified.

Shower chair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, DME.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The provided documentation shows the patient at fall risk while bathing due to imbalance from low back pain. Therefore, the request is medically warranted and certified.