

Case Number:	CM15-0033538		
Date Assigned:	02/27/2015	Date of Injury:	01/16/2006
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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 61 year old male, who sustained an industrial injury on 1/16/2006. The diagnoses have included spinal cord injury. Treatment to date has included physical therapy and medication. According to the progress note dated 7/25/2014, the injured worker noted that spasticity had been worse after stopping time in the pool (secondary to skin opening and illness in the winter). He continued to use Baclofen and Tizanidine. He used a wheelchair for home mobility and was able to walk short distances with a front wheeled walker but was limited by pain. The injured worker complained of chronic low back pain and bilateral lower extremity pain. He reported 10/10 pain to his lower back with numbness and burning to his bilateral lower extremities. Current medications included Gabapentin, methadone and Norco. On 2/9/2015, Utilization Review (UR) non-certified a request for Aqua Therapy 12 sessions (three times a week). The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 12 session (3 a week): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, physical medicine guidelines.

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

Decision rationale: This patient presents with severe pain in the lower back and bilateral lower extremities. The patient report he is not able to walk as much due to increase in pain and fatigue. The current request is for AQUAL THERAPY 12 SESSIONs (3 A WEEK). The MTUS Guidelines page 22, chronic pain medical treatment guidelines regarding aquatic therapy has the following, Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy and swimming can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for extreme obesity. For recommendation on number of supervised visits, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 visits over 8 weeks. The patient has a date of injury of 1/16/06. The patient would like to participate in pool therapy once again, emphasizing that it helped him significantly mentally and physically. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. In this case, there is inadequate explanation as to why aqua therapy is necessary as opposed to a home based exercise program or land based therapy. Furthermore, the requested 12 sessions exceeds what is recommended by MTUS. This request IS NOT medically necessary.