

Case Number:	CM15-0063099		
Date Assigned:	04/08/2015	Date of Injury:	09/24/2010
Decision Date:	05/13/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	04/02/2015

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, Pain Management

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 55 year old female, who sustained an industrial injury on September 24, 2010. She has reported neck pain, bilateral arm pain, lower back pain, bilateral leg pain, bilateral wrist pain, and left knee pain. Diagnoses have included cervical spine strain/sprain, cervical spine disc protrusion, cervical spine stenosis, lumbar spine strain/sprain, lumbar spine disc protrusion, lumbar spine stenosis, bilateral wrist pain, left knee strain/sprain, and rule out left knee internal derangement. Treatment to date has included knee injections, knee surgery, and imaging studies. A progress note dated November 26, 2014 indicates a chief complaint of neck pain radiating to the bilateral arms with numbness, tingling and weakness, lower back pain radiating to the bilateral legs with numbness, tingling, and weakness, bilateral wrist pain radiating to the fingers with tingling and weakness, and left knee pain with stiffness and weakness. The treating physician documented a plan of care that included aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3x6 lumbar, cervical, bilateral wrist, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. In this case, of this specific request, the therapy is requested for in part for the bilateral wrists, which is not a traditional weight-bearing joint. There is no indication of why reduced weight bearing or intolerability of land-based physiotherapy would not apply to this region. Therefore, this request is not medically necessary.