

Case Number:	CM15-0065768		
Date Assigned:	04/13/2015	Date of Injury:	08/07/2008
Decision Date:	05/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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 44 year old female, who sustained an industrial injury on 08/07/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having right foot pain/plantar fasciitis/pain with retained hardware, degenerative joint disease, left leg injury, two level lumbar discopathy with intermittent bilateral radiculopathy and facet arthropathy, and status post right ankle fracture with ankle plate. Treatment to date has included medication regimen, aquatic therapy, and above listed procedure. In a progress note dated 02/13/2015 the treating physician reports complaints of ongoing aching pain to the back and bilateral lower extremity that is rated a seven out of ten, aching pain to the neck that is rated a six to seven out of ten, stabbing pain to the left shoulder with numbness that is rated a six to seven out of ten, and right foot pain that is rated a six to seven out of ten. The treating physician requested aqua therapy two times a week for six weeks with the treating physician citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy; 12 sessions 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 of 127.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy (up to 10 sessions) is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the sessions already provided. Finally, the request exceeds the amount of aquatic therapy recommended by the guidelines and, unfortunately, there is no provision for modification of the current request. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.