

Case Number:	CM15-0066365		
Date Assigned:	04/14/2015	Date of Injury:	11/19/2012
Decision Date:	05/13/2015	UR Denial Date:	03/19/2015
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 41 year old male, who sustained an industrial injury on 11/19/12. He reported initial complaints of falling 60 feet from a ladder with multiple trauma injury. The injured worker was diagnosed as having posttraumatic stress disorder; panic disorder without agoraphobia; status post right lower extremity and foot surgeries; status post lower extremity and left foot surgeries; status post right upper extremity surgery; status post fracture low back with residuals; right shoulder pain . Treatment to date has included multiple trauma surgeries of lower extremities, back, shoulders, arms; psychiatric counseling and sessions; physical therapy; x-rays; MRIs; medications. Currently, the PR-2 notes dated 3/27/15 documents the injured worker's sleeping patterns are stable but still disturbed. He still awakens every hour even with Lunesta. He is exercising more and is learning English. He no longer has nightmares and attributes the improvement to Lunesta. He is motivated for aquatic therapy ordered by orthopedic physician. The injured worker was in a multiple body region trauma with subsequent multiple surgeries and psychological support. PR-2 notes dated 3/4/15 indicates the injured worker complained of mechanical back pain that is not radiating. A review of x-rays (dated 2/23/15) on this visit showed mild degenerative disc disease at L1-2 otherwise non-revealing. This provider felt that water therapy would strengthen and improve range of motion of core muscles. The provider is requesting 12 aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 rather than participation in land-based therapy/independent home exercise. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.