

Case Number:	CM15-0072182		
Date Assigned:	04/22/2015	Date of Injury:	07/03/2014
Decision Date:	05/20/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/15/2015

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 64 year old male, who sustained an industrial injury on July 3, 2014. The injured worker was diagnosed as having head contusion, right ankle sprain/strain, right foot crush injury, and rule out right ankle internal derangement and accidental fall on same level from slipping, tripping or stumbling. Treatment and diagnostic studies to date have included acupuncture, magnetic resonance imaging (MRI) and medication. A progress note dated February 6, 2015 provides the injured worker complains of headache, right shoulder pain with radiation down right arm and back pain. He also reports intermittent right ankle pain and stiffness making it hard for him to walk in the park. Physical exam notes decreased and painful range of motion (ROM) with tenderness on palpation of neck, back, shoulder and arm. There is tenderness on palpation of the right ankle with painful range of motion (ROM). The plan includes continued acupuncture, aqua therapy and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the lower back and right ankle, twice to thrice weekly for six weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

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. Furthermore, the requested amount of sessions exceeds the recommendations of the CA MTUS 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.