

Case Number:	CM15-0078359		
Date Assigned:	04/29/2015	Date of Injury:	02/05/2008
Decision Date:	05/28/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/24/2015

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 51 year old female, who sustained an industrial injury on 2/5/08. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc disorder; lumbar radiculopathy; pain in lower leg; pain in limb; chronic pain syndrome. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 3/25/15 indicated the injured worker complains of pain along the lower back, left knee and right knee. The pain levels are noted as increased since last visit with 3/10 with medications and 9/10 without medications. The medications prescribed are: Cymbalta 60mg capsule one twice a day and Vicodin ES 7/5.300mg one tablet three times a day PRN. In addition to her pain, she complains of abnormal gait (uses a cane), back pain, depression secondary to having daily pain, some loss of function, joint knee pain and stiffness with swelling, muscle spasms, numbness and tingling along with weakness. The provider has requested Aquatic therapy once a week for 6 weeks to lumbar spine and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy once a week for 6 weeks to lumbar spine and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Guidelines Page(s): 22; 99.

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, the patient's BMI is only 30. The provider notes difficulty using the treadmill and recumbent bike due to knee pain and a desire to work on strength and endurance. However, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with any therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective prior to consideration for additional formal therapy in the management of a chronic injury. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.