

Case Number:	CM15-0093860		
Date Assigned:	05/21/2015	Date of Injury:	02/17/2008
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old female patient, who sustained an industrial injury on 2/17/08. The diagnoses include cervical sprain/strain, status post right shoulder arthroscopy, lumbar disc disease, lumbar radiculopathy, right sacroiliac joint arthropathy, status post right total knee replacement, status post left knee arthropathy and right piriformis syndrome. Per the note dated 3/31/125, she had complains of continued moderate to severe pain rated 8/10. She reported no significant improvement following piriformis injection. The physical exam revealed moderate tenderness to palpation and spasm over the cervical paraspinous muscle extending to the right trapezius muscle and facet tenderness to palpation at C4-7 levels; lumbar spine-diffused tenderness to palpation with spasm over the lumbar paraspinous muscle, tenderness over the right piriformis muscle and slight tenderness to palpation over the facet joint and bilateral elbow exam- unremarkable; right knee-range of motion 0 to 125 degrees and positive patellar compression test. The medications list includes naproxen. She has undergone right shoulder arthroscopy and right total knee replacement. She has had physical therapy, piriformis injection, acupuncture therapy and home exercise program. A request for authorization was submitted for aquatic therapy, random urinary drug screening and interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times weekly for 6 weeks, quantity: 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page(s) 22.

Decision rationale: Request: Aquatic therapy 2 times weekly for 6 weeks, quantity: 12 sessions. Per MTUS guidelines, aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Aquatic therapy 2 times weekly for 6 weeks, quantity: 12 sessions is not fully established for this patient.