

Case Number:	CM15-0095337		
Date Assigned:	05/21/2015	Date of Injury:	06/01/2012
Decision Date:	06/25/2015	UR Denial Date:	05/05/2015
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: North Carolina
 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:

The injured worker is a 48 year old female, who sustained an industrial injury on 06/01/2012. She reported sustaining multiple injuries that included immediate confusion, dislocation of a finger, generalized pain to the entire body, shock, and cracked teeth due to involvement in a motor vehicle accident. The injured worker was diagnosed as having cervical and lumbar myofascial pain, cervical degenerative disc disease, intervertebral disc disease of the left shoulder, degenerative joint disease with impingement/internal derangement of the left knee, gastroesophageal reflux disease secondary to pain medications, chronic posttraumatic stress disorder, pain disorder affected by psychological factors and general medical condition, depression associated with her medical condition, and psychological and environmental stressors. Treatment and diagnostic studies to date has included placement of a pin in the cracked teeth, chiropractic therapy, magnetic resonance imaging of the back and knee, use of a knee brace, medication regimen, and laboratory studies. In a progress note dated 04/22/2015 the treating psychologist reports complaints of throbbing, hot pain to the left knee, shooting pain to the neck that radiates to the left arm and shoulders bilaterally, and pain to the low back along with her legs falling asleep and at times giving out on her. The pain level is rated an 8 out of 10. The treating psychologist also notes the injured worker's activities of daily living make the pain worse and that none of the current/prior treatments have been helpful with assisting with the pain. The treating psychologist requested a six-month water aerobic membership to allow the injured worker to recondition herself there and also noting that she is currently unable to perform a good cardiovascular workout. The treating psychologist further indicates that this conditioning would allow the injured worker to be a good candidate for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month water aerobic membership: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) There is no indication in the provided documentation that this patient has a condition such as extreme obesity that would preclude the patient from land-based physical therapy. The request for physical therapy is within the recommended number of session but he need for aquatic versus land based physical therapy has not been established. For these reasons, criteria have not been met for the requested service and it is not certified.