

Case Number:	CM15-0098563		
Date Assigned:	05/29/2015	Date of Injury:	03/12/2014
Decision Date:	07/07/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/21/2015

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

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 35 year old female, who sustained an industrial injury on 3/12/2014. She reported injury from falling down a flight of stairs. The injured worker was diagnosed as having shoulder pain, lumbar sprain/strain, lower leg pain, lumbar degenerative disc disease, ankle pain and neck sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included right knee immobilizer, ankle sleeve, crutches, physical therapy, psychology sessions, shoulder and knee injections, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 4/22/2015, the injured worker complains of pain in the neck, right shoulder, low back, right knee and right ankle. Documentation states no significant benefit from physical therapy. Physical examination showed tenderness in the right knee, ankle and shoulder. The treating physician is requesting 6 sessions of aqua therapy for the neck, lumbar area, right shoulder and right knee and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy x6 Neck, Lumbar, Right Shoulder, Right Knee, Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy, physical medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with neck, right shoulder, low back, right knee and right ankle pain. The request is for AQUA THERAPY X6 NECK, LUMBAR, RIGHT SHOULDER, RIGHT KNEE, RIGHT ANKLE. The request for authorization is not provided. Physical examination reveals tenderness to palpation in the right knee and ankle. She continues to use a right knee immobilizer, ankle sleeve and crutches. The patient has not reported significant benefit from land physical therapy, however, she is open to aquatic therapy. She does report feeling soothed, relaxed and getting better sleep after being in the water. She has received a right shoulder and right knee injection, however, she feels no improvement in her pain after the injections. She has tried her TENS unit without benefit. Patient's medications include Ketamine cream, Diclofenac, Docusate Sodium, Senokot and Cymbalta. Per progress report dated 04/14/15, the patient is off duty. MTUS Chronic Pain Medical Treatment Guidelines page 22 state 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 effect 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 improves 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." MTUS Guidelines, pages 98-99, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Physical Medicine Physical Medicine Guidelines, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Per progress report dated 03/25/15, treater's reason for the request is "she may find benefit from this form of therapy with use of water, and also with less stress on her joints." Review of the reports provided does not indicate if the patient has had any prior aquatic therapy. In this case, treater documents the patient to be moderately obese, however, there is no discussion as to why the patient requires weight-reduced exercises. Therefore, the request IS NOT medically necessary.