

Case Number:	CM13-0042737		
Date Assigned:	12/27/2013	Date of Injury:	11/20/2008
Decision Date:	03/26/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/31/2013

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 record notes a 60-year-old female with a date of injury of November 20, 2008. The diagnosis noted is cervical strain, thoracic disc bulge, lumbar disc bulge, left knee strain, and left-hand strain. A progress note dated September 5, 2013 notes no new numbness or tingling and a new medication (trazodone) prescribed by a treating physician. Pain is noted in the upper back, lower back, right knee, left knee, and left-hand. A cervical and thoracic MRI has been obtained (results not disclosed). The claimant has also seen an internal medicine physician, a pain management physician, and an orthopedic hand specialist. Physical examination provided in support of the above noted request indicates "+2 tenderness L/S" and right mid-anterior thigh, right lateral-mid calf, right lateral ankle sensation is intact. The treatment plan indicates a recommendation for aqua therapy, one time a week for 6 weeks, for the lumbar spine in the right knee. Additionally, a blood pressure cuff has been recommended (per the internal medicine physician), as well as follow-up with internal medicine, pain medicine and an orthopedic hand specialist. A notation is made in the record that an AMD re-evaluation is to occur on October 16, 2013. Elsewhere in the medical record a reference is made to 14 completed aqua therapy sessions during the months of May, June, and July of 2013. A previously completed physical examination (June 20, 2013) noted a 5'5", 305 pound individual with no reported distress. The most recent progress note dated July 16, 2014 noted the problems to include an anxiety state, psychophysiological disorder, depressive disorder, complex regional pain syndrome, shoulder pain syndrome and lumbar disc disease. Medication management included Naprosyn, oral analgesics (not specified) and Flexeril. The physical examination noted a healthy appearing

individual in moderate distress and appearing chronic ill. No muscle atrophy was noted, no erythema was present and no other specific pathology was identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY; SIX SESSIONS (ONE TIMES SIX): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 47.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend aquatic therapy 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. 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. In this case, this is a morbidly obese individual who has long term complaints of low back pain. However, there is no data presented in the narrative to suggest why this form of intervention, at this time, is preferred over more traditional land-based therapy. Furthermore, when noting that a trial of 14 sessions of aquatic therapy have been tried the past, and the progress notes do not demonstrate efficacy or utility with this intervention; this request is not medically necessary.