

Case Number:	CM13-0009346		
Date Assigned:	11/08/2013	Date of Injury:	01/21/2010
Decision Date:	03/31/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 41-year-old female with a 1/21/10 date of injury. At the time of request for authorization for aquatic therapy sessions #6, there is documentation of subjective (neck, shoulder, and low back pain) and objective (moderately over her ideal body) findings, current diagnoses (lumbar disc displacement with sciatica and lower extremity radiculopathy; internal derangement of the shoulder; cervicgia; and cervicobrachial syndrome), and treatment to date (medications, activity modification, physical therapy (PT), aquatic therapy (reported as extremely beneficial, with decreased pain, and not requiring escalation of pain medications), acupuncture, and ESI). There is no documentation of number of aquatic therapy visits completed to date, an indication for which reduced weight bearing is needed (such as extreme obesity), objective functional deficits, and functional goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY SESSIONS #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic therapy.

Decision rationale: MTUS identifies documentation that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity), as criteria necessary to support the medical necessity of aquatic therapy. MTUS reference to ACOEM guidelines identifies importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those, as criteria necessary to support the medical necessity of physical modalities. ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. Within the medical information available for review, there is documentation of previous aquatic therapy with objective improvement and that the patient is moderately over the ideal body weight. However, there is no documentation of number of aquatic therapy visits completed to date, an indication for which reduced weight bearing is needed (such as extreme obesity), objective functional deficits, and functional goals. Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy sessions #6 is not medically necessary.