

Case Number:	CM13-0009567		
Date Assigned:	09/09/2013	Date of Injury:	11/26/2001
Decision Date:	01/31/2014	UR Denial Date:	07/25/2013
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 Physical Medicine & Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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:

The patient is a 49-year-old female who reported an injury on 11/26/2001. The mechanism of injury was not provided. The patient was noted to have received a lumbar epidural steroid injection and was noted to have lumbar pain. The patient was note to have palpable tenderness and spasm over the paravertebral muscles. The straight leg raise test was noted to be negative over the lumbar spine bilaterally. There was noted to be effusion and palpable tenderness on examination of the bilateral knees. The patient was noted to have palpable tenderness and spasms over the paravertebral and trapezius muscles of the cervical spine. The patient's range of motion was noted to be decreased in the cervical and thoracolumbar spine. The diagnoses were noted to include knee internal derangement, sprain/strain NOS, neck sprain, and lumbosacral joint ligament sprain. The request was made for water therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy-two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary, and Knee and Leg Procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Aquatic Therapy, and Section Physical Medicine, Page(s): 22,98-99.

Decision rationale: The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate that the treatment for Myalgia and myositis is 9 to 10 visits and for Neuralgia, neuritis. The clinical documentation submitted for review indicated the patient needed to loose weight; however, there was a lack of documentation indicating the necessity for aquatic therapy and a lack of documentation indicating the patient had the necessity for reduced weight bearing. Given the above and the lack of documentation, the request for water therapy 2 times a week for 6 weeks is not medically necessary.