

Case Number:	CM13-0012288		
Date Assigned:	09/24/2013	Date of Injury:	11/16/2011
Decision Date:	01/24/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/16/2013

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 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:

The underlying date of injury in this case is 11/16/2011. The patient's treating diagnoses include neck pain, elbow pain, low back pain, and ulnar nerve irritation. An initial utilization review physician noted that the treating provider had reported a number of dates including 06/24/2013 and had offered his opinion that aquatic therapy was the most effective therapy for this patient. That utilization reviewer indicated there were no physical therapy notes documenting the treatment provided to date or the response and that overall the request for aquatic therapy was not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy, 2 x a week for 4 weeks: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Aquatic Therapy, page 22, states, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." The medical records in this case

provide very limited detail regarding the patient's specific physical therapy goals or rationale. The treating provider has stated that aquatic therapy would be best for this patient. However, the provider does not offer a specific rationale in this case as to why such treatment would be better for this patient nor are specific goals of therapy overall documented. The guidelines do not support this request; therefore this request is not medically necessary.