

Case Number:	CM13-0013772		
Date Assigned:	09/26/2013	Date of Injury:	12/01/2011
Decision Date:	01/10/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/19/2013

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 and 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.

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 45-year-old female, who reported injury on 12/01/2011. The mechanism of injury was not provided. The patient was noted to have participated in aquatic therapy and was noted to be doing well with it. The diagnosis was not provided. The request was made for aquatic therapy quantity 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy sessions QTY: 12: 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)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, pg 22, section on Aqua therapy and section on Physical Medici.

Decision rationale: The Chronic Pain Guidelines recommend aquatic therapy specifically where reduced weight bearing is desirable. The recommended duration for myalgia and myositis, unspecified is 9-10 visits and for neuralgia, neuritis, and radiculitis, unspecified is 8-10 visits. Clinical documentation submitted for review failed to document the necessity for aquatic therapy versus land based therapy. Documentation also failed to include an objective examination to indicate functional deficits that would support aquatic therapy and failed to provide documentation of the objective function benefit that the patient had received thus far. It was noted that the patient was "doing well" with aquatic therapy, however, documentation failed to

objectively identify what "doing well" meant. Additionally, there was a lack of documentation of the number of sessions the patient had participated in. The request for aqua therapy sessions QTY: 12 is not medically necessary and appropriate.