

Case Number:	CM13-0019552		
Date Assigned:	11/08/2013	Date of Injury:	11/20/2008
Decision Date:	04/18/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/04/2013

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in 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 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/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 60-year-old female who reported an injury on 11/20/08. The mechanism of injury was a fall. The examination of 6/18/13 revealed that the patient had pain in the upper back, lower back, bilateral knees, and left hand. The patient's lumbar spine was reduced. The diagnoses include cervical spine strain, thoracic and lumbar spine disc bulge, probable right knee internal derangement, left knee strain, left hand strain, and status post left middle finger trigger finger release surgery. The treatment plan included aquatic therapy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUATION, EVALUATION AND TREATMENT WITH AQUA THERAPY:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 radiculitis is 8-10 visits. There was lack

of documentation indicating necessity for reduced weight bearing. The clinical documentation submitted for review failed to provide the documentation of the number of sessions the patient had previously attended and the functional benefit that was received from the therapy. The request as submitted failed to indicate the quantity of sessions being requested and the body part to be treated. Given the above, the request for continuation, evaluation, and treatment with aqua therapy is not medically necessary.