

Case Number:	CM13-0021005		
Date Assigned:	12/11/2013	Date of Injury:	02/29/2012
Decision Date:	02/14/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/06/2013

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 Illinois. 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 was a 32-year-old female with complaints of back pain following an injury on 02/29/2012. The patient had facet joint injections on 06/05/2013, which were documented as being very helpful on 07/15/2013. However, the patient was noted as having back pain 4/10 to 7/10 upon examination when aggravated with movement. The patient had participated in 12 aquatic therapy sessions between 05/21/2013 -06/27/2013. The efficacy of the aquatic therapy was not addressed. The patient being treated with Robaxin 500mg twice daily as needed and Nucynta 50mg twice daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for additional aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Aquatic Therapy is non-certified. Physical therapy, to include aquatic therapy, is recommended for restoring flexibility, strength, endurance, function, and range of motion by guidelines. The documentation submitted for review did not address the

patient's flexibility, strength, endurance, function, and range of motion. There was no evidence submitted for review of remaining functional deficits for the patient. The patient participated in 12 sessions of physical therapy. However, the efficacy of the sessions was not addressed. Furthermore, the request for additional aquatic therapy does not specify the number of sessions requested. The guidelines recommend up to 10 visits for neuralgia and/ or myalgia. The request for additional visits would exceed guideline recommendations. Given the information submitted for review the request for Aquatic Therapy is non-certified.