

Case Number:	CM13-0024349		
Date Assigned:	01/15/2014	Date of Injury:	02/14/2003
Decision Date:	06/27/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 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 male who reported an injury on 02/14/2003. He was seen on 12/10/2013 for complaints of persistent neck, low back, bilateral knee, and shoulder pain. The note indicated he completed 6 sessions of aqua therapy with a positive response. His pain was rated at 5-8/10. The note states the patient is using a stationary bike for 15 minutes twice a day and walking 30 minutes every day. The objective findings indicated tenderness to his lumbar/cervical paraspinal muscles with ongoing crepitus and generalized edema to both knees. Full range of motion was indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY, SELF-DIRECTED, MONTHS QTY:6.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUA THERAPY, 22

Decision rationale: CA MTUS recommends aqua therapy as an alternative to land based physical therapy specifically where reduced weight bearing is desirable, for example extreme

obesity. The documentation provided indicates the patient is able to perform land base physical activities, including a stationary bike and walking every day. Therefore, does not warrant the need for additional sessions of aquatic therapy. As such, the request is non-certified.