

Case Number:	CM13-0030147		
Date Assigned:	11/27/2013	Date of Injury:	03/12/1999
Decision Date:	01/30/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/26/2013

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 Orthopedic Surgery and is licensed to practice in California, Connecticut, and Pennsylvania. 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 claimant is a 55-year-old female who was injured in a work related accident on October 8, 2012 sustaining an injury to her neck. Recent clinical assessment for review includes a November 14, 2013 assessment indicating ongoing complaints of neck and left arm pain describing tenderness to the left paravertebral with palpation and with no tenderness to the lumbar spine. There was restricted cervical range of motion with full motor tone to the upper extremities with normal sensory examination and equal and symmetrical reflexes. The claimant was given the diagnosis of diminished cervical motion with stenosis. Recommendations from prior assessment of October 8, 2013 with [REDACTED] were for continuation of aquatic therapy for further treatment. He recommended twelve sessions. Records indicate the claimant has been treated with a significant course of therapy since time of injury including twelve prior recent sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

H2O THERAPY 2X6: 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 Physical Medicine, Aquatic therapy Page(s): 98-99, 22.

Decision rationale: Based on MTUS Guidelines, the role of aquatic therapy would not be indicated. Aquatic therapy is recommended as an option for a form of exercise therapy when available as an alternative to land based therapy. While aquatic therapy can minimize gravitational effect, there is nothing indicating in this case the claimant's inability to perform land based home exercises. Based on the claimant's timeframe from injury and the significant amount of therapy that has already been utilized without documentation of an acute symptomatic flare up, the role of physical therapy in general at this stage in the clinical course would not be supported. The role of aquatic therapy with absence of documentation of inability to perform land based exercises also would not be indicated.