

Case Number:	CM13-0030526		
Date Assigned:	01/03/2014	Date of Injury:	02/09/2013
Decision Date:	04/18/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/30/2013

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 Medicine 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 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 55-year-old male who reported an injury on 02/09/2013. The mechanism of injury was a metal elevator door weighing approximately 500 pounds hit the patient in the back of his neck on the left hand side. The note dated 04/05/2013 indicated the patient had completed 12 sessions of physical therapy with temporary relief. The patient had complaints of left hip pain at a 4/10 to 8/10; left shoulder pain at a 5/10; right knee pain at a 2/10 to 8/10; and right ankle pain at a 3/10 to 4/10. The patient noted that he had continued with physical therapy, which was providing him with relief on his pain and improving his strength. The patient continued on his medications, which included meloxicam, Flexeril, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY FOR THE LUMBAR, CERVICAL, AND THORACIC SPINE, 2 TIMES 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section Page(s): 22.

Decision rationale: The request for aquatic therapy for the lumbar, cervical, and thoracic spine two (2) times a week for four (4) weeks is non-certified. The California MTUS states that aquatic therapy is recommended as an optional form of therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The records provided for review failed to include documentation of subjective and objective functional deficits of the cervical, thoracic, and lumbar spine. In addition, the records submitted for review failed to include documentation that reduced weight bearing was necessary to perform aquatic therapy rather than land-based physical therapy. As such, the request for aquatic therapy for the lumbar, cervical, and thoracic spine, 2x4, is not supported. Therefore, the request is non-certified.