

Case Number:	CM13-0031266		
Date Assigned:	12/04/2013	Date of Injury:	08/12/1998
Decision Date:	01/28/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 Occupational 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 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:

Patient is a male with a date of injury on 8/12/98 with injuries to his neck and back. Patient was diagnosed with cervical spinal stenosis and underwent C5-6 decompression laminectomy in 2013. He has also received trigger point injections to the neck following surgery. Treating doctor's PR2 on 8/1/13 reveals patient is doing fairly well following surgery and his radiculopathy has improved. Exam findings reveal some spasms in left Para cervical area and discrete focal tenderness with no motor or sensory deficits. Letter dated 9/12/13 from PTP states that patient has guarded neck motion with moderate pain at extremes and limited thoracolumbar motion with pain with no motor or sensory deficits in extremities. The patient has had aquatic therapy in 2012 prior to the surgery. The request is for Aquatic therapy 2 x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x a week x 6 weeks: 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 Page(s): 98.

Decision rationale: CA MTUS chronic pain guidelines state that for aquatic therapy physical medicine comments are used for the number of visits. Although there is no justification for specifically why aquatic therapy is necessary, MTUS still does give number of recommended visits. CA MTUS physical medicine guidelines page 98/127 in the chronic pain guides state for myalgia or myositis, 9-10 visits over 8 weeks and for neuralgia and neuritis 8-10 weeks over 4 weeks. This request exceeds MTUS. Therefore, the request for 12 aquatic therapy treatments is not medically necessary.