

Case Number:	CM13-0038189		
Date Assigned:	12/18/2013	Date of Injury:	03/13/2013
Decision Date:	03/04/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/27/2013

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:

The applicant has filed a claim for chronic neck pain associated with an industrial injury of March 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and manipulative therapy; and extensive periods of time off of work. An August 15, 2013 progress note is notable for comments that the applicant is off of work, on total temporary disability. She has ongoing issues with neck pain, low back pain, and psychological stress with anxiety and depression noted. Her care has been complicated by comorbid hypertension and dyslipidemia. She is status post gastric bypass. She is presently stands 5 feet 1½ half inches tall and weighs 138 pounds, it is noted. She is described as independently ambulatory without a cane. Her gait is antalgic, however. Epidural steroid injection and aquatic therapy are seemingly sought while the applicant remains off of work, on total temporary disability. A physical therapy note of September 20, 2013 states that the applicant has attended 20 of 22 sessions of physical therapy authorized to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the cervical region (8 sessions): Upheld

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

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants who are having difficulty ambulating and/or have some medical contraindication to weight bearing as, for instance, with extreme obesity. In this case, however, there is no such evidence that the applicant is immobile or unable to participate in land-based therapy or land-based home exercises. If anything, the information on file suggests that the applicant has had 20 of 22 sessions of prior land-based therapy. Aquatic therapy is not indicated here, as the claimant is seemingly capable of participating in land-based therapy and/or land-based home exercises. Accordingly, the request is not certified.