

Case Number:	CM13-0038420		
Date Assigned:	12/18/2013	Date of Injury:	07/30/2002
Decision Date:	03/05/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation 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 patient is a 46-year-old female who reported a work-related injury on 07/30/2002. The specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: major depression, psychogenic pain, history of carpal tunnel syndrome, cervical spine pain, pain to the right wrist, and backache. The clinical note dated 10/11/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient, upon physical exam, ambulates without assistance. The patient had positive Tinell's and Phalen's to the right upper extremity. The provider documents a recommendation for the patient to utilize aquatic therapies as a treatment modality for pain relief, strengthening, and improved range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 99.

Decision rationale: The current request is not supported. The clinical documentation submitted for review does not support the current request. The clinical notes document the patient utilized a course of physical therapy interventions in 05/2013 for her pain complaints. The clinical notes failed to document duration, frequency, or specific efficacy of supervised therapeutic interventions for the patient. At this point in the patient's treatment, an independent home exercise program would be indicated, as California MTUS states to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In addition, the most recent clinical documentation failed to evidence any significant objective functional deficits upon exam of the patient. Given all the above, the request for Aquatic therapy 12 sessions is not medically necessary or appropriate.