

Case Number:	CM13-0040871		
Date Assigned:	03/24/2014	Date of Injury:	04/13/2012
Decision Date:	06/11/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/13/12. A utilization review determination dated 10/4/13 recommends non-certification of aquatic therapy to the bilateral shoulders, cervical, and lumbar spine. 9/30/13 physical therapy report identifies low back pain 8/10 with ADLs, increased pain with bending and prolonged positioning, pain wakes her up at night. On exam, some limited ROM and weakness is noted, with a positive SLR on the right at 25 degrees and on the left at 30 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TO THE BILATERAL SHOULDERS, CERVICAL AND LUMBAR SPINE FOR EIGHT (8) SESSIONS (2 TIMES A WEEK FOR 4 WEEKS):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy- Physical Medicine..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: Regarding the request for aquatic therapy to the bilateral shoulders, cervical and lumbar spine for eight (8) sessions (2 times a week for 4 weeks), CA MTUS Chronic Pain

Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment rather than land-based physical therapy and/or independent home exercise. In the absence of such documentation, the currently requested aquatic therapy to the bilateral shoulders, cervical and lumbar spine for eight (8) sessions (2 times a week for 4 weeks) are not medically necessary.