

Case Number:	CM13-0051184		
Date Assigned:	12/27/2013	Date of Injury:	02/03/2010
Decision Date:	05/02/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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 Practice, 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 injured worker is a 31-year-old female who reported injury on 2/3/10. The mechanism of injury was lifting 50 boxes weighing 18 pounds to 20 pounds each. While lifting one of these boxes, the injured worker felt a very sharp pain going down her back and into the bilateral lower extremities. The injured worker was treated with physical therapy, medications, surgery on 9/25/2012, and with aqua therapy. The diagnosis was cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy: 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.

Decision rationale: The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended for reduced weight-bearing when desirable. The guidelines indicate that the treatment for myalgia and myositis is 9 -10 visits. The clinical documentation submitted for review indicated the injured worker had prior aquatic therapy visits. There was a lack of documentation indicating the quantity of prior sessions and the objective benefit received from them. There was a lack of documentation of a recent

objective physical examination to support the injured worker had objective functional deficits as the injury took place in 2010. There was a lack of a DWC Form RFA and/or a PR-2 to support the request. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the quantity, as well as the body part to be treated with the aquatic therapy. Given the above, the request is not medically necessary.