

Case Number:	CM13-0057525		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2012
Decision Date:	04/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

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 Sports Medicine and is licensed to practice in Texas. 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 patient is a 57-year-old male who reported an injury on 09/28/2012 due to a motor vehicle accident. The patient reportedly sustained an injury to his back. Physical findings included limited range of motion secondary to pain of the lumbar spine with palpable trigger points throughout the thoracic and lumbar paraspinal musculature. Evaluation of the cervical spine documented limited range of motion secondary to pain with multiple palpable trigger points throughout the cervical spine paraspinal musculature and upper back musculature with a positive neck compression test. It was noted that the patient had a positive Romberg sign with decreased sensation in the bilateral lower extremities down to the mid calf area. The patient's diagnoses included intractable occipital neuralgia, posttraumatic labyrinthitis, multiple cough syncope, and a chronic myofascial pain syndrome. The patient's treatment recommendations included electrodiagnostic studies of the bilateral lower extremities, continuation of medications, and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2 X WEEK X 6 WEEKS - LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9692.20 - 9792.26 MTUS (Effective July 18, 2009) Aquatic Therapy a.

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

Decision rationale: The requested Aquatic Therapy 2 x week x 6 weeks - Lumbar is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends aquatic therapy for patients who require a non-weight bearing environment while participating in active therapy. The clinical documentation submitted for review does not provide any evidence of barriers that would preclude the patient from participating in land based physical therapy. There is no support that the patient requires a non-weight bearing environment while participating in active therapy. As such, the requested Aquatic Therapy 2 x week x 6 weeks - Lumbar is not medically necessary or appropriate.