

Case Number:	CM13-0060411		
Date Assigned:	12/30/2013	Date of Injury:	02/10/2012
Decision Date:	05/16/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/03/2013

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, has a subspecialty in Pain 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 injured worker is a 34-year-old male with an original date of injury of February 10, 2012. The patient carries diagnoses of posttraumatic head syndrome, cervical sprain, lumbar sprain, posttraumatic stress disorder, and sleep disorder. The patient is noted to have undergone at least 30 sessions of physical therapy treatments. The current functional status of this patient is temporarily totally disabled. The disputed request is a request for aquatic therapy for 10 sessions. A utilization review determination on November 13, 2013 denied this request, citing "there is no indication that the claimant was unable to perform a land-based program."

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy combined with physical therapy two (2) times a week for five (5): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states the following regarding aquatic therapy on page 22: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including

swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)" In the case of this injured worker, there is no rationale provided as to why aquatic therapy is indicated. The patient does not have extreme obesity and therefore reduced weight bearing is not necessary in this case. The patient is documented to be 5'7" and 150 lbs on progress note dated August 19, 2013. No other rationale is provided in support of aquatic therapy and this request is not medically necessary.