

Case Number:	CM13-0061302		
Date Assigned:	12/30/2013	Date of Injury:	01/06/2012
Decision Date:	05/08/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	12/04/2013

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 38-year-old female who reported an injury on 11/06/2012, secondary to a motor vehicle accident. Current diagnoses include closed head injury, cervical, thoracic, and lumbar pain and status post knee surgery. The injured worker was evaluated on 10/31/2013. The injured worker does report improvement with pool therapy. Physical examination revealed 25% decreased range of motion, tenderness to palpation of the cervical paraspinal muscles, pain in the thoracic level T7-8, and memory problems. Treatment recommendations included continuation of pool and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED AQUA THERAPY (CERVICAL/SHOULDER) 3X4: Upheld

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

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

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an alternative form of exercise therapy, where available, as an alternative to land based physical therapy. As per the documentation submitted, there is no indication that this injured worker

requires reduced weight bearing as opposed to land based physical therapy. There is no documentation of objective functional improvement as a result of ongoing aquatic therapy. Additionally, California MTUS Guidelines state physical medicine treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, Guidelines allow for 8 to 10 visits over 4 weeks. The current request for 12 sessions of aquatic therapy exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.