

Case Number:	CM13-0061694		
Date Assigned:	12/30/2013	Date of Injury:	05/30/2007
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/05/2013

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 Pediatric Rehabilitation 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 51-year-old female who reported a work related injury on 05/30/2007. The patient is status post cervical discectomy and fusion at the C5-6 level. Her diagnoses include chronic neck pain with fusion and revisions, cervical radiculopathy, thoracic degenerative disc disease, low back pain with lumbar herniated nucleus pulposus at L3-4 deflecting left L3 nerve root, and borderline carpal tunnel and cubital tunnel syndrome bilaterally. The patient has undergone physical therapy, acupuncture and TENS unit. Recent clinical documentation stated the patient continued to experience constant pain across her low back with tingling down the lateral and posterior aspect of both legs to the toes. A request was made for physical/aquatic therapy (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL/AQUATIC THERAPY (12 SESSIONS): 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 Page(s): 22..

Decision rationale: The California MTUS Guidelines for chronic pain state that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Per recent clinical documentation, the patient was noted to be overweight; however, there was no rationale provided for the request for aquatic therapy for the patient. There was no evidence stating the reason the patient required aquatic therapy versus land based therapy. It was unclear how many physical therapy sessions the patient has had to this date per submitted clinical documentation. In addition, the efficacy of the patient's prior physical therapy was not noted in the submitted documentation. Therefore, the decision for physical/aquatic therapy (12 sessions) is noncertified.