

Case Number:	CM13-0061984		
Date Assigned:	12/30/2013	Date of Injury:	04/17/2003
Decision Date:	04/04/2014	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 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 and is licensed to practice in Illinois. 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 patient is a 64-year-old female who reported an injury on 04/17/2003. The mechanism of injury involved a fall. The patient is diagnosed with posttraumatic headaches, chronic myofascial pain syndrome, status post surgery to the lumbar spine, status post removal of hardware in 2007, mild to moderate bilateral radiculopathy, status post surgery of the left rotator cuff tear in 2006, and status post surgery to the left knee in 2013. The patient was seen by ■■■ on 11/11/2013. The patient reported constant upper and lower back pain. The patient also reported depression and anxiety. Physical examination revealed restricted range of motion, trigger points, decreased sensation and positive Spurling's maneuver. Treatment recommendations included trigger point injections and continuation of current medications, as well as aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

aquatic therapy on a daily basis at a gym or YMCA: 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 Aquatic Therapy Section Page(s): 22.

Decision rationale: The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. As per the documentation submitted, a previous request was also documented on 04/15/2013, for aquatic therapy exercises on a daily basis. Documentation of a previous course of aquatic therapy was not provided. There is also no indication of the need for reduced weight bearing as opposed to land based physical therapy. Based on the clinical information received, the request is non-certified.