

Case Number:	CM13-0064188		
Date Assigned:	01/03/2014	Date of Injury:	07/09/2011
Decision Date:	05/12/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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 39-year-old male who reported an injury on 07/09/2011. The mechanism of injury involved a fall. The injured worker is currently diagnosed with displacement of intervertebral disc without myelopathy. There was no Physician Progress Report submitted on the requesting date. The most recent physician progress report submitted for this review is documented on 11/04/2013. The injured worker reported ongoing headaches with insomnia. Physical examination revealed mild tenderness at the occiput. The injured worker also ambulated with the assistance of a CAM walker and a cane. Treatment recommendations included authorization for Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 3XWK X 6WKS BACK: 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, 98-99.

Decision rationale: The MTUS Chronic Pain 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, there is no indication that this injured worker requires reduced weight-bearing as opposed to land based physical therapy. Additionally MTUS Chronic Pain Guidelines state physical medicine treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 18 sessions of aquatic therapy exceeds MTUS Chronic Pain Guidelines' recommendations. Therefore, the request is not medically necessary and appropriate.