

Case Number:	CM13-0066196		
Date Assigned:	01/03/2014	Date of Injury:	02/28/2013
Decision Date:	06/20/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 Orthopedic Surgery, and is licensed to practice in New York, Connecticut and North Carolina. 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 48 year-old male who sustained an injury to his cervical spine on 02/28/13 while transporting a 95 pound commercial dishwasher motor on a dolly when it fell off. The patient injured worker bent over and picked it up when he felt a pop in his back. The patient was taken off work for three days, given ibuprofen, and recommended to rest at home. The patient was then placed on modified duty with no lifting, pushing, or pulling restrictions. On 06/24/13 the patient was evaluated and returned to work at full capacity. The patient rated his pain at 8/10 on the visual analog scale (VAS). There were no documented cervical spine surgical interventions. Aquatic Therapy two (2) times a week for four (4) weeks for the neck has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE NECK: 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 Chronic Pain Medical Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The request for aquatic therapy two times a week times four weeks for the neck is not medically necessary. It was reported that the employee received aquatic therapy for the cervical spine; however, there were no physical therapy notes provided for review indicating the amount of aquatic therapy visits that the employee had completed to date or the employee's response to previous aquatic therapy treatment. No information was submitted indicating the employee has any comorbidity that would inhibit him from completing traditional land-based physical therapy. There is no additional significant objective clinical information provided that would indicate or support the need to exceed the California MTUS recommendations, either in frequency or duration of aquatic therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for aquatic therapy two times a week times four weeks for the neck has not been established. Recommend non-certification.