

Case Number:	CM13-0067281		
Date Assigned:	01/03/2014	Date of Injury:	02/07/2013
Decision Date:	04/22/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/17/2013

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 Family Practice 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 patient is a 41-year-old female who reported an injury on 02/07/2013. The mechanism of injury involved a motor vehicle accident. The patient is currently diagnosed with cervical and lumbar disc disease and shoulder strain. A Request for Authorization was submitted in 11/2013 by [REDACTED] for pool therapy twice per week for 5 weeks. The patient was seen by [REDACTED] on 11/06/2013. The patient reported persistent lower back pain with radiation to the right lower extremity. Physical examination revealed a normal gait with discomfort to the cervical and lumbar spine. Treatment recommendations at that time included continuation of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 2 x 5: 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.

Decision rationale: 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, the patient's physical examination revealed a normal gait with discomfort to the cervical and lumbar spine. There is no documentation of a significant musculoskeletal or neurological deficit. There is also no indication that this patient requires reduced weightbearing, as opposed to land-based physical therapy. The medical necessity has not been established. Therefore, the request is non-certified.