

Case Number:	CM13-0068384		
Date Assigned:	01/03/2014	Date of Injury:	09/23/2003
Decision Date:	06/11/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 Interventional Spine 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 66 year old female with an injury date of 09/23/03. Based on the 12/04/13 progress report provided states that the patient complains of being very sore. She feels as though she has a "knot" in her left midback. The patient's diagnoses include the following: Thoracic strain, Chronic lumbar strain, and Chronic cervical strain. The physician is requesting for outpatient aquatic therapy two times a week for three weeks to the cervical and lumbar spine. The utilization review determination being challenged is dated 12/11/13. The requesting provider, provided treatment reports from 06/06/13- 12/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT AQUATIC THERAPY TWO TIMES A WEEK FOR THREE WEEKS TO THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Page(s): 22.

Decision rationale: According to the 12/04/13 report by [REDACTED], the patient presents with thoracic strain, chronic lumbar strain, and chronic cervical strain. The request is for outpatient aquatic therapy two times a week for three weeks to the cervical and lumbar spine. MTUS page 22 states that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In this case, there is no documentation of extreme obesity or a need for reduced weight-bearing. There is no indication of why the patient is unable to tolerate land-based therapy. Recommendation is for denial.