

Case Number:	CM13-0069712		
Date Assigned:	01/03/2014	Date of Injury:	10/30/2007
Decision Date:	05/28/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational Medicine 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 an employee of [REDACTED] and has filed a claim for degenerative disk disease of the cervical spine associated with an industrial injury date of October 30, 2007. Treatment to date has included medications and aquatic therapy. Medical records from 2013 were reviewed showing the patient complaining of upper back and posterior neck pain with radiation to the upper extremity. There is also pain in the low back and legs. The low back pain is rated at 5/10 and the leg pain is rated at 4/10. The neck pain is rated at 6/10 and the arm pain is rated at 5/10. The patient notes that aquatic therapy 3 times a week has been beneficial for him. On examination, motor strength was intact for the upper and lower extremities. Sensory and reflexes were also normal. There was mild tenderness over the cervical paraspinal muscles and upper trapezius muscles. There was also mild tenderness over the lumbar paraspinal muscles bilaterally. The patient's BMI is 33.2. Utilization review from November 26, 2013 denied the request for aquatic therapy. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight-bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, the patient has been participating in aquatic therapy. However, there was no documentation of functional gains such as improved ability to perform activities of daily living or decreased pain scores from partaking in aquatic therapy. In addition, the request does not specify a frequency and duration. Therefore, the request for Aquatic Therapy is not medically necessary.