MAXIMUS Federal Services

Case Number:	CM13-0070615		
Date Assigned:	01/08/2014	Date of Injury:	04/13/2011
Decision Date:	04/15/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/26/2013

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 Internal 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 a 58-year-old female with date of injury on 04/13/2011, with reported cumulative trauma doing her usual work activities over the course of one year. The patient caries many diagnoses related to the reported injury and are reported as having cervical and lumbar back pain, shoulder pain, knee pain, clinical carpal tunnel syndrome despite having normal electrodiagnostic studies, and also co morbid depression. The current regimen of medication is listed as hydrocodone as needed, Citalopram, Trazodone, and Terocin cream. She is reported to have done acupuncture with mild relief. The patient has had a cervical epidural injection with some relief reported. There is a lumbar facet block being planned, but awaiting authorization. The current request is for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2x6 Cervical, Lumbar, Left Shoulder, Left Hip 98774, 98778, 97240, and 97241x2: Overturned

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 Aquatic Therapy Page(s): 22.

Decision rationale: The MTUS guidelines state aquatic therapy can be useful as an alternative to land based therapy as an adjunct to treating pain conditions. The patient suffers from lumbar back and cervical back issues where the effect of gravity based programs may be deleterious. She has also documented failure to more typical and atypical (acupuncture) approaches to chronic pain. Based on the notes reviewed and the guidelines, the patient is a candidate for aquatic therapy and the prior UR decision is reversed.