

Case Number:	CM13-0071019		
Date Assigned:	01/08/2014	Date of Injury:	08/01/2012
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
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 Family Practice, has a subspecialty in Preventative 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:

31 year old female claimant sustained a work injury on 8/1/12 resulting in chronic neck, pelvis and thigh pain. She had a diagnosis of cervical and lumbar ligamentous strains, bipolar disorder, insomnia and somatization disorder. She had used Norco for pain and had strong spasms for which she used SOMA. An exam note on 11/11/13 indicated that the claimant symptoms were stable, prior physical therapy was beneficial and has been on Motrin for pain. The claimant had not been at work full time but would like to do aqua therapy prior to working full time. A request was made for aqua therapy 3 times weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Aquatic Therapy 3 times weekly for 4 weeks, for the back Qty:12.00: Upheld

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

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

Decision rationale: 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) In this case, the documentation did not suggest that obesity or other conditions prevented the claimant from continuing land based therapy - which had helped her previously. As a result, the request for aquatic therapy is not medically necessary.