

Case Number:	CM13-0071843		
Date Assigned:	02/05/2014	Date of Injury:	01/30/2013
Decision Date:	06/13/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 and is licensed to practice in Illinois. 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 injured worker is a 54 year old male with a reported date of injury as 01/30/2013. The worker was injured from being thrown over a wheelchair. The pain complaints are of neck, lower back and psyche according to the progress note from 12/03/2013. Range of motion was noted as flexion at 44 degrees, extension at 36 degrees, right/left rotation at 64 degrees, and right/left lateral bending at 32 degrees to the cervical spine. Thoracolumbar spine range of motion was performed on 12/03/2013 was flexion at 72 degrees, extension at 24 degrees, right/left rotation at 24 degrees and right/left lateral bending at 24 degrees. The injured worker has used physical therapy, acupuncture treatments, and pain medication provided him with pain improvement, but he remained symptomatic. The impression noted was cervical spine strain and lumbar strain. The request for authorization was submitted on 12/03/2013 for aqua therapy three times a week for four weeks to the neck and low back due to cervical spine strain and lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) AQUA THERAPY SESSIONS TO NECK AND LOW BACK: Upheld

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

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

Decision rationale: The request for 12 sessions of aqua therapy to neck and low back is not medically necessary. The injured worker has been through physical therapy and acupuncture which helped with pain relief but remains symptomatic. The California Chronic Pain Medical Treatment Guidelines recommend aqua therapy 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. There is lack of documentation from physical therapy for progressive improvements as well as no documentation supporting a need to reduced weight bearing for physical therapy. In addition, the request for 12 sessions exceeds guideline recommendations for total duration of care. Guidelines recommend up to 10 sessions for the injured worker's condition. Therefore, the request is not medically necessary.