

Case Number:	CM14-0102271		
Date Assigned:	07/30/2014	Date of Injury:	08/31/1991
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/02/2014

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 Nevada. 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 65 year-old female who was reportedly injured on August 31, 1991. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 8, 2014, indicates that there are ongoing complaints of thoracic region spine pain. (There are several supplemental reports completed monthly and each noting progress with aquatic therapy that does not describe a current physical examination) The physical examination demonstrated well healed surgical scars, tenderness to palpation in the thoracic region of the spine, no motor or sensory deficits and a satisfactory gait pattern. Diagnostic imaging studies objectified multiple level degenerative changes, the surgical interventions and spinal stenosis at multiple levels. Previous treatment includes surgical intervention, aquatic therapy, physical therapy and medications. A request was made for aquatic therapy and was not certified in the pre-authorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Aquatic/Land Therapy sessions: Upheld

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

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

Decision rationale: When considering the date of injury, the multiple surgical interventions, and that this individual has been undergoing aquatic therapies for 4 months there is no clinical indication to continue aquatic therapy indefinitely. While this is recommended as an optional form of exercise therapy, there is no data presented that there is any efficacy or utility in terms of increased functionality relative to this treatment. Furthermore, this is not designed to be an indefinite intervention. As such, based on the limited clinical information presented for review the request for twelve (12) Aquatic/Land Therapy sessions are not medically necessary and appropriate.