

Case Number:	CM14-0102869		
Date Assigned:	07/30/2014	Date of Injury:	02/15/2012
Decision Date:	09/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 58-year-old female who reported an injury on 02/15/2011. The injured worker was filing medical charts and climbed on top of a filing cabinet so she could reach a higher location. The claimant lost her balance and fell backwards. Medical records indicated that the claimant previously had surgery to her left knee. However, the diagnostic studies were not provided. The documentation of 06/11/2014 revealed the injured worker had complaints of constant pain and had tenderness to palpation of the paraspinals with spasms and decreased range of motion in all planes. In addition, the injured worker had tenderness to palpation in the bilateral shoulders, and lumbar spine and decreased range of motion. The injured worker had a positive compression test on the left in the cervical spine and a positive Neer impingement test bilaterally. The injured worker also had a positive McMurray's test bilaterally and a bilateral straight leg raise. The diagnosis included cervical spine and lumbar spine herniated nucleus propulsus, right shoulder rotator cuff tear, abnormal gait, and psychological symptoms. The treatment plan included aquatic therapy 2 times 3 for the lumbar spine and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Aqua therapy sessions for Lumbar Spine and Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, page 22, Physical Medicine, page 98, 99 Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy where reduced weight bearing is desirable. The treatment for radiculitis is 8 to 10 visits. The clinical documentation submitted for review failed to provide documentation for a necessity of reduced weight bearing. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for 6 Aqua therapy sessions for the lumbar spine and Left knee are not medically necessary.