

Case Number:	CM14-0108184		
Date Assigned:	08/01/2014	Date of Injury:	08/14/2002
Decision Date:	12/17/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/11/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 8/14/02. A utilization review determination dated 6/11/14 recommends non-certification of aquatic therapy and cervical pillow. 4/21/14 medical report identifies low back and right knee complaints. The provider recommended an additional course of aquatic therapy as the patient has found this beneficial in decreasing pain and medication. Lumbar spine magnetic resonance imaging (MRI) was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99 of 127.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines support up to 10 sessions as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation of the specific number

of prior sessions, objective improvement from prior sessions, and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal aquatic therapy. Additionally, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. In light of the above issues, the currently requested aquatic therapy is not medically necessary.

Cervical spine pillow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Pillow

Decision rationale: Regarding the request for a cervical pillow, California MTUS does not address the issue. ODG recommends the use of a neck support pillow while sleeping, in conjunction with daily exercise, as either strategy alone did not give the desired clinical benefit. Within the documentation available for review, there is no documentation of a cervical spine injury and adherence to a daily independent home exercise program. In the absence of such documentation, the currently requested cervical pillow is not medically necessary.