

Case Number:	CM14-0014464		
Date Assigned:	02/28/2014	Date of Injury:	12/11/2010
Decision Date:	06/27/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 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:

The injured worker is a 49-year-old female who reported an injury on 12/11/2010, the mechanism of injury was not provided. The clinical note dated 12/11/2013 noted the injured worker presented with pain in the neck, upper back, lower back, left elbow and head. Upon examination, the injured worker had intact sensation to light touch to the left lateral shoulder, left index tip, and left dorsal thumb web, diminished sensation to light touch to the left small tip. The treatment plan included shockwave therapy, aqua therapy, acupuncture, portable interferential unit, and a seat cushion for coccyx support. The diagnoses included cervical spine strain, thoracic spine strain, left shoulder internal derangement, and lumbar spine disc rupture. The provider's rationale was not included in the medical documents. The Request for Authorization form was submitted on 12/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY LUMBAR SPINE, THORACIC SPINE, CERVICAL SPINE AND LEFT SHOULDER 1X6: Upheld

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

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

Decision rationale: The request for aqua therapy for the lumbar spine, thoracic spine, cervical spine, and left shoulder 1 time a week for 6 weeks is not medically necessary. The California MTUS recommend aqua therapy as an optional form of exercise therapy 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. The included documentation does not specifically recommend reduced weight bearing for the injured worker. There was a lack of significant objective examination findings that would warrant the need for aquatic therapy. As such, the request is not medically necessary.