

Case Number:	CM14-0018001		
Date Assigned:	04/16/2014	Date of Injury:	04/25/2000
Decision Date:	06/03/2014	UR Denial Date:	01/18/2014
Priority:	Standard	Application Received:	02/12/2014

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 Sports Medicine and is licensed to practice in Texas. 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 55 year old female who reported an injury on 04/25/2000. The mechanism of injury was not provided in the medical records. There were no clinical notes provided from the requesting physician. The injured worker was reported to have Myalgia and myositis, unspecified, diagnosis and date of diagnosis was not known due to lack of clinical documentation. Per the prior review the injured worker had tenderness at the cervical paravertebral, muscles and lumbar radiculopathy. Treatment has consisted of medications, aquatic therapy sessions, B12 injections, and cervical epidural injections, trigger point injections, and Toradol injections. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY SESSIONS, #8: Upheld

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

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

Decision rationale: The request for 8 aquatic therapy sessions is non-certified. According to medical reports, the injured worker has been experiencing neck, left upper extremity, and low back pain to the bilateral lower extremities, Diagnosis included cervical discopathy /radiculitis; left wrist sprain/strain and lumbar radiculopathy. Treatment has consisted of medications, aquatic therapy sessions, B12 injection, and cervical epidural injections, trigger joint injections, and Toradol injections. The California MTUS Guidelines state aquatic therapy is recommended 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. The requesting physician did not include clinical notes for review. Previous utilization review revealed that the injured worker has been authorized 16 aquatic therapy sessions to date. Reports fail to demonstrate any evidence that the patient is unable to tolerate any land based physical therapy. Based on lack of clinical documentation the request is non- certified.