

Case Number:	CM14-0018055		
Date Assigned:	04/16/2014	Date of Injury:	09/28/2010
Decision Date:	06/30/2014	UR Denial Date:	01/20/2014
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 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 31-year-old female who reported an injury on 09/28/2010. The mechanism of injury was the injured worker was working on a lettuce harvesting machine and the driver of the machine had to brake suddenly which caused boxes of lettuce to fall on the injured worker striking her on her legs and the injured worker grabbed a bar behind her to prevent a hard fall backwards and, in the process, injured her back. The injured worker had been treated with physical therapy, medications, psychological and behavioral care, psychosocial care, and vocational rehabilitation. The documentation of 11/19/2013 indicated that physical therapy, particularly aqua therapy, was recommended to the injured worker to try and help her continue her level of activities through the HELP program. The diagnoses included contusions to the bilateral anterior thighs and myalgia. The treatment plan included 6 sessions of aqua therapy, appeal negative determination on the MRI of the left knee, refill medications, and followup to clinic 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL AQUA THERAPY X 6: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weightbearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits. The clinical documentation submitted for review failed to provide documentation to indicate that the injured worker had a necessity for reduced weightbearing. The clinical documentation failed to provide documentation of an objective physical examination to support the necessity. The request, as submitted, failed to indicate the body part to be treated with the initial aqua therapy. Given the above, the request of initial aqua therapy times 6 is not medically necessary.