

Case Number:	CM14-0116278		
Date Assigned:	08/04/2014	Date of Injury:	11/08/2013
Decision Date:	11/26/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old male who was injured on 11/8/2013. He was diagnosed with head injury, lumbosacral strain with radiculopathy, cervical strain, and right knee strain/internal derangement. He was treated with physical therapy (about 2 months), acupuncture, chiropractor treatments, and medications. On 7/2/14, the worker was seen by his treating physician, complaining of continual back, right leg, and neck pain. Physical examination revealed tenderness at the neck and lumbosacral areas with spasm. Also, there was right knee tenderness and decreased range of motion of the right knee and lumbar spine. He was then recommended to continue his medication, and get an MRI of the head, cervical spine, and lumbar spine for consideration of injections or surgery. He was also recommended aqua therapy for his knee, neck, and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aqua Therapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). The worker in this case had experienced muscle strains of his knee, neck, and back and treated with medications and physical therapy for two months prior to this request. It is unclear as to why this worker required additional supervised physical therapy, and also no explanation as to why aquatic therapy was necessary over land-based therapy, as this was not included in the documents available for review. It appears that the worker had surpassed the generally recommended duration of physical therapy closer to the injury, and at this stage unsupervised home exercises seems to be more appropriate. However, until any clarification or explanation is seen in the documents available for the reviewer to consider this case an exception, the 12 sessions of aquatic therapy are not medically necessary.