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| Case Number: | CM14-0122172 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 07/08/2013 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

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 Internal Medicine, has a subspecialty in Nephrology 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 49-year-old female with a 7/8/13 date of injury. According to a handwritten and partially illegible progress report dated 6/23/14, the patient rated her cervical spine pain as a 6/10 radiating to her shoulders, elbows, and hands. She rated her lumbar spine pain as a 6/10. Objective findings: MRI of cervical spine on 11/20/14 revealed multilevel disc protrusions. Diagnostic impression: Cervical Spine/Lumbar Spine/Right Shoulder Sprain/Strain. Treatment to date: medication management, activity modification. A UR decision dated 7/9/14 denied the request for 12 sessions of Aqua Therapy. In this case presentation, there was no evidence of body habitus issues to support this request. In addition, the outcome of prior PT and chiropractic care was not specified to support the need for this intervention at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2Xwk X 6wks Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back

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

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, in the present case, there is no documentation that the patient is obese or requires reduced weight-bearing activities. There is no documentation of specific musculoskeletal impairments that would prevent performance of a land-based program. A specific rationale identifying why the patient requires aquatic therapy as opposed to land-based physical therapy was not provided. Therefore, the request for Aqua Therapy 2xwk x 6wks Cervical Spine is not medically necessary.