

Case Number:	CM14-0127330		
Date Assigned:	09/23/2014	Date of Injury:	09/24/2012
Decision Date:	10/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/12/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 43-year-old male who reported an injury on 09/24/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical radiculitis/neuritis; cervical spine sprain/strain; thoracic spine sprain/strain; history of blood in stool. Previous treatments included epidural steroid injections, and medication. The diagnostic testing included an MRI. Within the clinical note dated 08/21/2014, it was reported the injured worker complained of constant neck and upper back pain, as well as frequent pain and numbness in the bilateral upper extremities. The injured worker complained of depression rated 9/10 in severity. Upon the physical examination, the provider noted the range of motion of the cervical spine was slightly restricted in all planes. There were myofascial trigger points and taut bands noted throughout the cervical paraspinal and trapezius, levator scapula and scalene, infraspinatus and interscapular area muscles. Sensation was noted to be decreased to pinprick. The provider requested aqua therapy sessions. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The request for Aquatic Therapy 2 times a week for 6 weeks is not medically necessary. The California MTUS Guidelines recommend Aquatic Therapy as an optional form of exercise, where available, as an alternative to land based therapy in those individuals in who reduced weight bearing is desirable. There is a lack of documentation indicating the injured worker has a condition for which reduced weight bearing is desirable. There is a lack of documentation of motor deficits of the lower extremities. The request submitted for 12 sessions exceeds the guideline recommendations of 8 to 10 visits. Therefore, the request is not medically necessary.