

Case Number:	CM14-0138621		
Date Assigned:	09/05/2014	Date of Injury:	06/08/2013
Decision Date:	09/29/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/27/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 32 year old female with a work injury dated 6/8/13. The diagnoses include head injury, headaches, cervical spine strain, and cervical radiculopathy. Under consideration is a request for aqua therapy 2-3/week x 6weeks cervical neck. There is a primary treating physician report dated 7/2/14 that states that the patient states chiropractic therapy is helping with her pain and ROM. She has frequent neck pain with intensity of 6/10. Neck range of motion improving with slight guarding. Radicular symptoms are decreasing with occasion radiation into the arms to forearm and shoulder blades with weakness. She continues experiencing headaches. On exam there are tender cervical paraspinals and trapezius. There is diminished range of motion cervical spine with pain on flexion/extension, lateral flexion, lateral rotation, and sensorimotor exam intact. Treatment had included chiropractic care, medication management, and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2-3/wk x 6wk cervical neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: Aqua therapy 2-3/week x 6week cervical neck is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The request exceeds this recommendation. The MTUS guideline states that aquatic therapy is "specifically recommended where reduced weight bearing is desirable." The documentation is not clear on why aquatic therapy is medically necessary over land based therapy. The request for aqua therapy 2-3/week x 6week cervical neck is not medically necessary.