

Case Number:	CM14-0153851		
Date Assigned:	09/23/2014	Date of Injury:	02/13/2012
Decision Date:	10/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/20/2014

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 Texas. 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:

Medical records reflect the claimant is a 52 year old male who sustained a work injury on 2-13-12. Medical records reflect the claimant had a cervical epidural steroid injection oat C6-T1 on 3-20-14 with reported more than 50% pain improvement lasting 2-3 months in duration. Office visit on 8-19-14 notes the claimant reports same pain throughout his neck, upper thoracic spine, and bilateral upper and lower extremities. He is currently treated with medications. On exam, sensation and motor appear to be intact. The claimant is status post ACDF C4-C5. He has a prior C5-C7 cervical discectomy and fusion. It was noted the claimant had no obvious evidence of pseudoarthrosis. He appears to be stable at C4-C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy times 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG notes that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is an absence in documentation noting that this claimant cannot perform a home exercise program or that there is obesity that requires reduced weight bearing. His most recent exam shows sensory and motor intact. Therefore, the medical necessity of this request is not established.