

Case Number:	CM14-0155281		
Date Assigned:	09/25/2014	Date of Injury:	02/04/2013
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 33-year-old male who reported an injury on 02/04/2013. The mechanism of injury is not submitted for clinical review. The diagnoses included head trauma, memory function, nasal bleeding, cervical sprain/herniated cervical disc, and lumbar sprain/herniated lumbar disc. The previous treatments included physical therapy, chiropractic sessions, and acupuncture treatment. Within the clinical note dated 07/25/2014, it was reported the injured worker complained of pain in the neck with radicular symptoms to the right and left arm. On the physical examination the provider noted the cervical spine range of motion was forward flexion at 50 degrees, and extension at 50 degrees. The injured worker had a positive foraminal compression test, and Spurling's test. There was tightness and spasms noted in the trapezius, sternocleidomastoid. The provider requested aquatic therapy. However, rationale is not submitted for clinical review. The Request for Authorization was submitted and dated on 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy x12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for aquatic therapy times 12 sessions is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, or available as an alternate to land based therapy in those individuals and in whom reduced weight bearing is desirable. There is a lack of documentation indicating the injured worker has a condition for reduce weight bearing would be desirable, including morbid obesity. There is a lack of documentation of motor deficits of the lower extremity warranting the medical necessity for the request. Additionally, the number of sessions requested exceeds the guidelines recommendations of 8 to 10. Therefore, the request is not medically necessary.