

Case Number:	CM14-0158712		
Date Assigned:	10/02/2014	Date of Injury:	11/06/2006
Decision Date:	12/10/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/27/2014

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 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 44 year old female who sustained a work injury on 11-6-06. Office visit on 9-10-14, the claimant reports muscle twitching. Right leg is feeling good after recent injection. The left leg pain is coming back, left arm pain is flaring up recently. The claimant is status post right L2, right L4 sympathetic nerve block on 8-25-14. The claimant had a left L2 and L4 sympathetic bloc on 7-21-14. The claimant continues to do well with her SCS at the lumbar spine. The claimant is suing medications. On exam, the claimant had left upper extremity swelling, warmth, Allodynia and coloration. Motor strength was intact. Patellar reflexes are 1+ bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua physical therapy 2 x 4 for upper and lower limbs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as 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. Additionally, it is noted the claimant had past aquatic therapy without significant long term functional improvement. Therefore, the medical necessity of this request is not established.