

Case Number:	CM14-0167058		
Date Assigned:	10/14/2014	Date of Injury:	07/09/2006
Decision Date:	11/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family Medicine, and is licensed to practice in Colorado. 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:

54 year old female with date of injury 7/9/2006 continues care with treating physician. Patient has complaints of constant neck / upper back / lower back pain and constant headaches. Per the records supplied, she has C5 Radiculopathy and Failed Back Syndrome. She has not returned to work and is considered permanent and stationary. She is maintained on Gabapentin, Naprosyn and Norco with continued pain noted at office visits. Documentation is provided indicating that patient has had traditional physical therapy years in the past and achieved some benefit from that. She has also participated in sessions (exact number unclear) of aquatic therapy with some benefit. The treating physician requests additional Aquatic Therapy for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 22 and 99.

Decision rationale: Per the guidelines, Aquatic therapy is recommended as an alternative to land-based physical therapy, specifically where decreased weight bearing is needed or

recommended, for example in obesity. The number of recommended supervised sessions for aquatic therapy is the same as those recommended for land-based therapy: For myalgia and myositis 9-10 visits recommended over 8 weeks and for neuralgia, neuritis, and radiculitis, 8-10 visits recommended over 4 weeks. Per the records supplied, the patient, whose complaints include myalgias and radiculitis, has participated in traditional physical therapy in the past with "limited benefit." Likewise, the records indicate patient has already participated in aquatic therapy which was "helpful." The records do not indicate any quantifiable improvement with either therapy, and there is no documentation of a specific reason why patient would need aquatic therapy instead of traditional land-based physical therapy. Furthermore, the only documentation of physical therapy is from years ago, so unclear if patient has had more recent physical therapy and the outcome of same. Without clear indication for aquatic therapy and without failure of traditional land-based therapy, the request for Aquatic Therapy is not medically necessary.