

Case Number:	CM14-0179779		
Date Assigned:	11/04/2014	Date of Injury:	12/20/2012
Decision Date:	12/10/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/29/2014

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 Practice and is licensed to practice in California. 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:

This is a 65 year old female claimant sustained a work injury on December 20, 2012 that involved the mid thoracic region. She was diagnosed with chronic thoracic pain syndrome. She had been using hydrocodone for pain relief. A progress note on July 17, 2014 indicated she had continued mid back pain. She had difficulty with household activities. She continues to work with restrictions. Exam findings were notable for tenderness to percussion over the vertebrae and T9-T11 rib region. There were no subsequent progress notes provided, however, a request was made by the treating physician for eight sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times 4 for the back: 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 rationale: According to the guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. In

this case, there was no documentation or indication that the claimant could not perform land-based exercises. The request for aquatic therapy is not medically necessary.