

Case Number:	CM14-0021806		
Date Assigned:	05/09/2014	Date of Injury:	07/06/2012
Decision Date:	07/09/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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 Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 23-year-old male with a date of injury of 07/06/2012. The listed diagnosis per [REDACTED] is lumbago. According to the progress report 01/28/2014 by [REDACTED], the patient presents with low back pain. Patient states the pain is 4/10 on pain scale. Treating physician recommends patient attend rehabilitative therapy for 2 visits a week with an extended duration of 3 weeks. Recommendation is for home exercise program, aquatic/pool therapeutic exercises. Progress report by [REDACTED] from 12/04/2013 indicates the patient has back and right shoulder pain. There is a decrease in range of motion in the shoulders and lumbar spine. Treater states the patient cannot sleep at night due to pain. Diagnoses noted were lumbar DDS, thoracic sprain/strain, and right shoulder sprain/strain. [REDACTED] recommended trazodone, cyclobenzaprine, and ultrasound of the lumbar spine. This request is for aquatic therapy x4. Utilization review denied the request on 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY X 4: 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, 98, 99.

Decision rationale: This patient presents with low back and right shoulder pain. The treater is requesting continuation of aquatic therapy x4. Medical records indicate the patient received 6 physical therapy sessions with the last session received on 01/28/2014. The treater recommends the patient continue with home exercise program and aquatic pool therapeutic exercises. The MTUS Guidelines page 22 recommends aquatic therapy as option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For duration of treatment, MTUS page 98 and 99 under physical medicine recommends 9 to 10 sessions for various myalgia and myositis type symptoms. This patient has participated in 6 land based therapy. It is unclear why the treater is recommending transition into aqua therapy as the patient does not present with any restriction that would benefit for weight-reduced exercises. The request is not medically necessary and appropriate.