

Case Number:	CM14-0023381		
Date Assigned:	05/12/2014	Date of Injury:	04/15/2013
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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, 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 30 year-old male car-wash worker who was injured on 4/15/13 when he was hit by a car. He has been diagnosed with sacroiliitis; lumbago; cervicgia; unspecified neuralgia; other chronic pain; unspecified myalgia. According to the 1/10/14 neurology/pain management report from [REDACTED], the patient presents with posterior neck pain, ache, left-side neck ache, spasms, and pins and needles sensation, posterior lumbar pain, spasms, aching; posterior thoracic pain and spasms; left leg pain, spasms and aching and tingling. The plan was for aquatic therapy 2-3x/week for 4-6 weeks. On 2/12/14 UR denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2-3 X 4-6 (UNSPECIFIED BODY PARTS): 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, physical medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with neck, midback, low back and left leg pain after being hit by a car at a carwash on 4/15/13. I have been asked to review for aquatic therapy 2-

3x4-6 requested on 1/10/14. MTUS recommends aquatic therapy as an alternative to land-based PT where reduced weight-bearing is desirable. The MTUS section on aquatic therapy refers readers to the MTUS physical medicine section for the specific number of therapy sessions. The MTUS physical medicine section states that for various myalgias and neuralgias, 8-10 sessions of therapy are indicated. The request as written is for 8-18 sessions, and this exceeds the MTUS recommendations, and I am not able to offer partial certification for the IMR process. The request as presented is not in accordance with the MTUS guidelines.