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| Case Number: | CM14-0026838 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 05/13/2005 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 02/05/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 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 injured worker is a 70-year-old female who reported an injury on 05/13/2005 due to an unknown mechanism of injury. The injured worker complained of pain in the low back and the bilateral lower extremities. She describes the pain as sharp, aching, dull, burning, numbing, and throbbing. She rates her pain at a 9/10 on the VAS scoring system. She continued to have numbness from the left hip down to her toes and numbness on the right side from the knee down. On 02/25/2014, the physical examination revealed tenderness on the right and left lumbar paravertebral regions. Her range of motion of the lumbar spine was restricted due to pain. There were no diagnostic studies submitted for review. The injured worker had a diagnosis of cervical spondylosis, and lumbosacral spondylosis without myelopathy. There was no recent documentation of any past treatment methods. The injured worker was on the following medications, Compazine 10 mg, Colace 100 mg, Zofran 4 mg, hydrocodone 10/325 mg, and Lidoderm 5% patch. The current treatment plan is for aquatic therapy 12 visits, back. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATHERAPY 12 VISITS, BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines state 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. The MTUS Chronic Pain Guidelines on page 99 state, for Myalgia and myositis, 9 to 10 visits over 8 weeks are recommended. There is no rationale of why the injured worker would require aquatic therapy versus land based physical therapy. In addition, the requested 12 visits exceed the recommended guidelines for duration of care. Given the above, the request is not medically necessary and appropriate.