

Case Number:	CM14-0028790		
Date Assigned:	06/20/2014	Date of Injury:	06/09/2009
Decision Date:	08/04/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/06/2014

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 41 year old with an injury date on 6/9/09. No progress reports included but application for medical review form dated 2/21/14 gave the diagnosis as neck sprain/strain. No physical exam results were provided. [REDACTED] is requesting initial aquatic therapy visits for the cervical spine two times a week for six weeks as outpatient. The utilization review determination being challenged is dated 2/21/14. [REDACTED] is the requesting provider, and no progress reports were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 INITIAL AQUATIC THERAPY VISITS FOR CERVICAL SPINE 2 X WEEK FOR 6 WEEKS AS OUTPATIENT: 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 Chapter on Aquatic Therapy Page(s): 22.

Decision rationale: The patient's subjective pain was not found in provided reports. The treating physician has asked for initial aquatic therapy visits for the cervical spine two times a

week for six weeks as outpatient but the request for authorization was not included in provided reports. No progress reports were included in the provided documentation. No surgeries were found in the documentation, and the utilization review did not note any surgical history.

Regarding aquatic therapy, California Medical Treatment Utilization Schedule (MTUS states: Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treater has asked for 12 sessions of aquatic therapy. A short course of 8-10 aquatic therapy sessions may be supported by MTUS but not the requested 12 sessions. Additionally, the included documentation provided does no indicate that the patient suffers from obesity. The requested treatment is not medically necessary and appropriate.