

Case Number:	CM14-0028851		
Date Assigned:	04/07/2014	Date of Injury:	08/27/2007
Decision Date:	05/27/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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 an employee of [REDACTED] who filed a claim for myoligamentous sprains in the cervical, thoracic and lumbar area associated with an industrial injury dated August 27, 2007. The treatment to date include pool aquatic therapy, medications in the form of Tramadol, Flexeril, Neurontin and Celebrex. Number of sessions, duration and whether there was significant improvement in pain and functional status were not documented in the medical records. In a utilization review dated December 20, 2013, the proposed additional aquatic therapy 2x a week for 4 weeks was denied due to chronicity of the pain in cervical and lumbar area which happened 6 years ago. There was also no documented functional and pain improvement in the records given. A review of record submitted from 2013 through 2014 showed the patient complaining of neck and low back pain. The low back pain radiates to the right lower extremities. Objectively, there was 45 degrees of extension, 60 degrees of rotation, lateral flexion of 30 degrees in the cervical area, mild thoracic pain at parathoracic muscles, flexion of 90 degrees, extension of 20 degrees, lateral flexion of 30 degrees, SLR of 65 degrees on lumbosacral area.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL AQUATIC THERAPY TWICE A WEEK FOR 4 WEEKS - 8 VISITS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines page 22, aquatic therapy is recommended as an functional form of exercise therapy as an alternative to land based physical therapy when reduced weight bearing is indicated because it can minimize the effects of gravity. In this case, medical records did not mention that the patient was overweight. The patient was having aquatic therapy sessions but it was not documented in the medical records if there was significant improvement in the functional status of the patient. Therefore, the request for additional aquatic therapy 2x a week for 4 weeks is not medically necessary.