

Case Number:	CM14-0029673		
Date Assigned:	05/05/2014	Date of Injury:	11/21/2011
Decision Date:	08/04/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/23/2014

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 a 48-year-old male who has submitted a claim for posttraumatic headaches, posttraumatic labyrinthitis, lumbar radiculopathy and hearing impairment associated with an industrial injury date of November 21, 2011. Medical records from 2013 to 2014 were reviewed and showed that the patient complained of headache, difficulty with memory and concentration, hearing loss on the right, visual difficulties and jaw pain. Patient also complained of neck pain. Physical examination revealed normal findings. Treatment to date has included oral analgesics, occipital nerve blocks, physical therapy and aquatic therapy. Utilization review dated December 19, 2013 denied the request for 18 Aquatic Therapy Visits For The Lumbar Spine due to no specific evidence of functional benefit from prior supervised courses of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 AQUATIC THERAPY VISITS FOR THE LUMBAR SPINE: 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: On page 22 of the California MTUS Chronic Pain Medical Treatment Guidelines states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, total number of sessions completed and patient's response to aquatic therapy were not documented. There is no specific evidence of functional benefit from prior therapy. Also, the weight and BMI of the patient were not documented. Therefore, the request for aquatic therapy is not medically necessary.