

Case Number:	CM14-0031968		
Date Assigned:	06/20/2014	Date of Injury:	12/19/2012
Decision Date:	07/22/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/13/2014

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 Pain Medicine, and is licensed to practice in Texas. 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 41 year old female whose date of injury is 12/19/2012. On this date she was walking out of a classroom when a cart struck the door and knocked it into her face. Treatment to date includes physical therapy times 12, acupuncture times 16, chiropractic treatment, and transcutaneous electrical nerve stimulator (TENS) unit. The records reviewed, dated 05/05/14, indicate that she returned to full time work on 03/27/14. She is noted to be participating in a home exercise program that she learned in physical therapy. The diagnoses are status post blow to the face with cervical sprain/strain and persistent headaches, bilateral upper extremity radicular symptoms, pre-existing gastrointestinal condition diagnosed as Gastroesophageal reflux disease (GERD) and nasal bone fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Aquatic Rehabilitation visits to Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22,99. Decision based on Non-MTUS Citation ODG Neck & Upper Back (Updated 12/16/13), Physical Therapy Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support aquatic therapy when reduced weight bearing is desirable. There is no clear indication as to why reduced weight bearing is desirable in the treatment of this injured worker. She has previously completed a course of land-based physical therapy and is compliant with a home exercise program. The MTUS guidelines would support 1-2 visits every 4-6 months for recurrence or flare-up and note that elective or maintenance care is not medically necessary. Therefore, based on the clinical information provided, the request for aquatic rehabilitation visits to the neck is not medically necessary.