

Case Number:	CM14-0032010		
Date Assigned:	06/20/2014	Date of Injury:	09/14/2012
Decision Date:	08/13/2014	UR Denial Date:	02/17/2014
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 Orthopedic Surgeon, Hand Surgeon 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 56-year-old female who was reportedly injured on September 14, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated February 7, 2014 indicated that there were ongoing complaints of cervical spine pain and headaches as well as upper back pain. The physical examination demonstrated tenderness of the suboccipital region and decreased range of motion of the cervical spine. Trigger points were noted along the cervical paraspinal muscles. Physical examination of the right arm noted decreased sensation at the lateral aspect along digits one, two, and three. Trigger point injections were performed, and Tramadol was prescribed. A request was made for aquatic therapy for the head and cervical spine and was not certified in the pre-authorization process on February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy two (2) times a week for six (6) weeks for head and cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Aquatic therapy, updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, aquatic therapy is recommended as an alternative to traditional land-based therapy when there is a need for decreased weight-bearing. It is unclear from this request how decreased weight-bearing with aquatic therapy can be achieved for the head and neck. Without additional justification, this request for aquatic therapy for the head and neck two times a week for six weeks is not medically necessary.