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| Case Number: | CM14-0032409 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 01/26/2012 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 03/14/2014 |

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, and is licensed to practice in Illinois. 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 31-year-old male who reported an injury on 01/26/2012. The mechanism of injury was not stated. Current diagnoses include loss of cervical lordosis, C5-6 right paracentral disc herniation, and mild degenerative lumbar spine disease with facet arthropathy. The injured worker was evaluated on 01/15/2014 with complaints of neck and lower back pain. The injured worker has previously participated in aquatic therapy. Physical examination revealed intact sensation, negative tenderness to palpation, 5/5 motor strength and no obvious deformity. Treatment recommendations included continuation of aquatic therapy.

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: Upheld

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

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

Decision rationale: The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical therapy. There was no documentation of the previous course of aquatic therapy with evidence of

objective functional improvement. There was no documentation of a significant musculoskeletal or neurological deficit upon physical examination. There is also no specific body part listed in the current request. As such, the request is non-certified.