

Case Number:	CM14-0032612		
Date Assigned:	06/20/2014	Date of Injury:	04/08/2005
Decision Date:	07/21/2014	UR Denial Date:	03/04/2014
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 & Rehab, 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 59 year old male with a reported injury on 04/08/2005. The mechanism of injury was not provided. The injured worker had an exam on 02/20/2014 with complaints of pain to neck, back, right shoulder, right elbow, right knee and left knee. The degree of pain and intensity was not provided. There was not a medication list provided. The diagnoses included cervical spine disc bulges, thoracic spine strain, lumbar spine surgery, right shoulder strain, right elbow surgery, right knee surgery and left knee strain. There was no recommendation of treatment or previous treatment provided. The request for authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, 6 visits- c- spine, t-spine, l-spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic therapy.

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

Decision rationale: The request for aqua therapy six visits is not medically necessary. The injured worker had multiple complaints, though the exam was not specific of findings or

recommendations. The California MTUS guidelines recommend aquatic therapy where reduced weight bearing is desirable. There is a lack of evidence to support the need for aqua therapy; therefore the request is not medically necessary.