

Case Number:	CM14-0032760		
Date Assigned:	06/20/2014	Date of Injury:	02/07/1997
Decision Date:	07/21/2014	UR Denial Date:	03/10/2014
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 Nevada. 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 63-year-old female injured on February 7, 1997. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 27, 2014, indicated that there were ongoing complaints of neck pain and low back pain. Oral medications were stated to provide 50% pain relief or more. The physical examination demonstrated tenderness along the cervical and lumbar spine with trigger points and associated positive twitch sign. There was a normal lower extremity neurological examination. The treatment plan consisted of continuing opioid medications and muscle relaxants as well as participation in an aquatic therapy program. Previous treatment included aquatic therapy and trigger point injections. A request had been made for independent aquatic therapy and was not certified in the pre-authorization process on February 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Independent aquatic therapy: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. It is unclear what is desired with a request that is entitled "independent aquatic therapy". It is assumed that an independent program is something the injured employee can pursue and undertake on their own. The injured employee has previously participated in aquatic therapy so she should be well versed in what is expected of this type of program. Therefore, the injured employee should be able to perform aquatic therapy independently and on their own without additional formal training and supervision. This request for an independent aquatic therapy program is not medically necessary.