

Case Number:	CM14-0035275		
Date Assigned:	06/23/2014	Date of Injury:	10/10/2008
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 55 year old male with a date of injury of 10/10/08. Subsequent to a motor vehicle accident, he has developed chronic myofascial pain that involves the cervical, thoracic and lumbar spine. In addition, he has complaints of pain involving the bilateral hips, knees and left foot. Hip magnetic resonance imaging (MRI) scans have been normal. A cervical MRI showed widespread mild Degenerative Disc Disease (DDD) without evidence of neural stenosis. He has been treated with physical therapy times three weeks, Chiropractic, acupuncture and aquatic therapy. No of the treatments have been reported to be effective for improvement of pain or function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2xWk x 6Wks Lumbar Spine x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy ; Physical Medicine Page(s): 22; 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22 and 98-99.

Decision rationale: The records state that there has been prior aquatic therapy and prior physical therapy. There are benefits documented in the records sent for review. MTUS guidelines note

that aquatic therapy is reserved for special circumstances when weight bearing is not tolerated. There are some lower extremity complaints, but there is no documentation of an abnormal gait or inability to perform core exercises. There is inadequate documentation to support aquatic therapy as medically necessary. In addition, the number of sessions are not supported in MTUS guidelines. Use of therapy would be for a flare-up under these circumstances as the patient has had significant prior therapy. Guidelines recommended up to 8 sessions for initial therapy for chronic myofascial pain. The amount of therapy for a flare-up would be expected to be significantly less than this amount. The request for 12 sessions of any type of physical therapy aquatic or other is not medically necessary.