

Case Number:	CM14-0043380		
Date Assigned:	07/02/2014	Date of Injury:	06/01/2009
Decision Date:	08/21/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 injured worker is a 58-year-old female who reported an injury on 06/01/2009. The mechanism of injury was not provided. On 11/20/2013, the injured worker presented with pain in the cervical spine, right shoulder, right ankle, bilateral feet, with headaches. Diagnoses were chronic neck pain syndrome, chronic pain right shoulder, bilateral plantar fasciitis, anxiety and depression, history of hypertension, and history of dyslipidemia. Treatment included chiropractic care and medications. Upon examination of the cervical spine, there was no spasm noted and there was full range of motion. Examination of the right shoulder revealed tenderness to palpation over the anterior shoulders and full range of motion. The provider recommended 8 Aquatic Therapy Sessions. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aqua Therapy Sessions: 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 Aquatic Therapy Page(s): 22.

Decision rationale: The request for 8 Aquatic Therapy Sessions is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy minimizes the effect of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The Guidelines recommend 10 visits of aquatic therapy over 4 weeks. The included documentation does not indicate that the injured worker is recommended for reduced weight bearing exercise. Additionally, the provider does not indicate the frequency of the aquatic therapy or the site that it is intended for in the request as submitted. As such, the request for 8 Aquatic Therapy Sessions is not medically necessary.