MAXIMUS Federal Services

Case Number:	CM14-0043589		
Date Assigned:	07/02/2014	Date of Injury:	06/08/2001
Decision Date:	08/05/2014	UR Denial Date:	03/17/2014
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 06/08/2001 due to an unknown mechanism of injury. The injured worker complained of constant pain in the back that radiated to both lower extremities. She also complained of weakness in her arms. On 03/20/2014, the physical examination revealed tenderness over the C5 and C7 cervical areas. She felt pain over both shoulders, but only her left bicep was depressed. She exhibited limited back range of motion. There were no diagnostic studies submitted for review. There was no documentation of any past methods of treatment. The current list of medications was not submitted for review. The current treatment plan is for aquatic therapy. The rationale and the request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section; Aquatic Therapy.

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

Decision rationale: The injured worker has a history of back pain that radiates to both lower extremities. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to landbased physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Physical medicine on page 99 of the California MTUS Guidelines recommend for myalgia and myositis, unspecified: 9 to 10 visits over 8 weeks. There is no rationale as to why the injured worker would require aquatic therapy versus landbased physical therapy. In addition, the frequency and the duration of the proposed therapy were not provided. Given the above, the request for aquatic therapy is not medically necessary and appropriate.