

Case Number:	CM14-0047973		
Date Assigned:	07/09/2014	Date of Injury:	01/02/2009
Decision Date:	09/19/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/16/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 40 year old female who sustained an industrial injury on 01/02/2009. The mechanism of injury was not provided for review. Her diagnoses include trapezius myalgia, lumbar radiculopathy, and cervical strain/sprain/radiculopathy. She complains of ongoing pain affecting the cervical and lumbar spine. On exam there are multiple cervical trigger points and decreased range of motion of the cervical and lumbar spine. Treatment has included medical therapy and home traction. Previously six (6) sessions of aqua therapy were approved. The treating provider has requested aqua therapy 2 times a week x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy two times a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Therapy (Lumbar).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 2009 Page(s): 22.

Decision rationale: Per the California MTUS Guidelines, aqua therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Per the documentation 6 sessions of aqua therapy were previously approved. There is no documentation indicating whether these were completed or if there was any benefit obtained. Prior to any extension in the number of sessions, a report of the response to previous sessions should be reviewed. Medical necessity for the requested item has not been established. Therefore Aqua Therapy two times a week for six weeks is not medically necessary.