

Case Number:	CM14-0048045		
Date Assigned:	07/02/2014	Date of Injury:	07/01/2013
Decision Date:	08/13/2014	UR Denial Date:	04/08/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 49 year old female with date of injury 7/1/13. The treating physician report dated 2/6/14 indicates that the patient presents with pain affecting the lower back area that is rated a 6/10. The treating physician states, The patient is awaiting approval for aqua therapy. The patient is a well-developed, well-nourished, female appearing her stated age and in no acute distress. The current diagnosis is, lumbar myofascial pain. The utilization review report denied the request for aquatic therapy 6 sessions based on the MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy X 6 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22.

Decision rationale: The patient presents with chronic neck and lower back pain with bilateral shoulder and upper extremity pain. The current request is for aquatic therapy x 6 sessions.

There is a report dated 1/23/14 that states that she has persistent pain in the neck area. The patient has finished her physical therapy and still has persistent pain at this point. She has been progressed to home exercise program. She still has persistent pain in the low back area. The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. In this patient, no such documentations are provided. The treating physician states that the patient has already completed physical therapy and has progressed to a home program. The MTUS only allows 8-10 sessions for myalgia/myositis, the type of condition this patient suffers from. The request is not medically necessary.