

Case Number:	CM14-0053806		
Date Assigned:	07/07/2014	Date of Injury:	11/13/2007
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to Massachusetts. 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:

According to the documents available for review, the patient is a 59 year old who sustained an injury on November 13, 2007. The patient developed neck strain/sprain, thoracic sprain, lumbar sprain/strain. An MRI dated August 13, 2008 reveals a 4 mm disc bulge at L5 /S1 as well as arthritis and tendinosis of the shoulder. There is no indication of medication trials or other forms of treatment therapy attempted in the notes provided. A request for aqua therapy, two sessions per week for five weeks, was requested and denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times a week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS, Aquatic 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. For

recommendations on the number of supervised visits, see Physical medicine. 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. (Tomas-Carus, 2007). According to the documents available for review, there is no rationale as to why the patient would not benefit from land-based exercises. Furthermore there is no documentation of why reduced weight-bearing physical therapy as provided in aquatic therapy, would be desirable and beneficial for this patient. Lastly, there is no indication as to which area of pain would be treated by the aqua therapy. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.