

Case Number:	CM14-0054488		
Date Assigned:	07/07/2014	Date of Injury:	07/16/2006
Decision Date:	08/29/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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 Nevada. 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 records presented for review indicate that this 54-year-old male was reportedly injured on July 16, 2006. The mechanism of injury is noted as cumulative trauma due to repetitive work and prolonged standing. The most recent progress note, dated March 7, 2014, indicates that there are ongoing complaints of neck pain and headaches. The physical examination demonstrated decreased cervical, thoracic, and lumbar spine range of motion. Trigger points were noted throughout the upper and lower back. There was decreased sensation at the second, third, fourth, and fifth fingers of both hands as well as the lateral aspect of both thighs and the dorsum of both feet. Naprosyn and hydrocodone/APAP were prescribed. Diagnostic imaging studies of the left knee revealed a grade 2 signal in the medial and lateral meniscus. An MRI of the lumbar spine showed a disc protrusion at the L1-L2, L3-L4, L4-L5, and L5-S1 levels. Previous treatment includes oral medication usage and home exercise. A request had been made for aquatic therapy exercises at the gym and was not certified in the pre-authorization process on April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy exercises at Gym or ██████: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Guidelines Page(s): 22,99. Decision based on Non-MTUS Citation ODG-low back (Physical therapy).

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines 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. According to the attached medical record there is no documentation that the injured employee has failed to improve with land-based physical activity or that there is a need for aquatic therapy with reduced weight bearing. Furthermore, this request does not indicate that a medical professional will be present and supervising these aqua therapy sessions as required by the California MTUS. Therefore this request for aquatic therapy exercises at the gym [REDACTED] not medically necessary.