

Case Number:	CM14-0055207		
Date Assigned:	07/07/2014	Date of Injury:	10/21/2013
Decision Date:	08/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/15/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 55-year-old female who reported an injury on 10/21/2013 after being hit in the back of the head with a book. The injured worker reportedly sustained a head and neck injury. The injured worker's treatment history included cognitive behavioral therapy, physical therapy, massage therapy, and medications. The injured worker was evaluated on 02/18/2014. Physical findings included tenderness and decreased range of motion of the cervical spine, and tenderness of the bilateral wrists. Pressure point is palpated in the thoracic spine. The injured worker's diagnoses included postconcussion syndrome, displacement of a cervical intervertebral disc, sprain of the neck, and sprain of the thoracic region. The injured worker's treatment plan included continued physical therapy. A request was made for aquatic therapy 2 times per week for 6 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 times per week for 6 weeks, cervical.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines Page(s): 22, 98-99.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends aquatic therapy for injured workers who require a non weight-bearing environment while participating in an active therapy program. The clinical documentation submitted for review does not provide any evidence that the injured worker requires a non weight-bearing environment and cannot participate in land based physical therapy. As such, the requested aquatic therapy 2 times per week for 6 weeks for the cervical spine is not medically necessary or appropriate.