

Case Number:	CM14-0056422		
Date Assigned:	07/09/2014	Date of Injury:	05/17/2005
Decision Date:	09/10/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/25/2014

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 Neurological Surgery 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 records, presented for review, indicate that this 66-year-old individual was reportedly injured on May 17, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 18, 2014, indicated that there were ongoing complaints of neck pain, mid back pain, low back pain, left shoulder and upper extremity pain. The physical examination demonstrated a well-developed, well-nourished individual in "no acute distress." An antalgic gait pattern was reported. There was a decrease in cervical spine range of motion, tenderness to palpation, a decrease in shoulder range of motion, with tenderness to palpation as well. A positive Hawkins test, positive drop arm test and positive crossed test was also reported. Motor function was noted be 4+/5. Diagnostic imaging studies objectified the degenerative changes in the cervical spine on MRI, with osteophyte complex noted. Previous treatment included multiple medications, TENS unit, physical therapy and pain management techniques. A request had been made for aquatic therapy and was not certified in the pre-authorization process on March 26, 2014.

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 five weeks, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22.

Decision rationale: When noting the date of injury, the age of the injured worker, the findings on physical examination and the diagnosis offered, and by the parameters identified in the MTUS, it is noted that aquatic therapy is an optional form of therapy; however, there is no indication why an alternative to land-based physical therapy is needed. Therefore, based on the clinical findings noted on physical examination and by the parameters identified in the MTUS, there is no clear clinical indication or medical necessity established for this intervention. Therefore the request is not medically necessary.