

Case Number:	CM14-0060870		
Date Assigned:	07/09/2014	Date of Injury:	01/10/2013
Decision Date:	09/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/01/2014

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 43 year-old individual was reportedly injured on January 10, 2013 the mechanism of injury is noted as being hit from behind by a golf cart at full speed resulting in a fall on to the cement. The most recent progress note, dated April 7, 2014 indicates that there are ongoing complaints of pain in the neck, right shoulder, and back. The physical examination demonstrated tenderness to palpation of the neck, and the lumbar spine with full range of motion without spasm or asymmetry; a negative Spurling's test; and an intact motor and sensory examination of the bilateral lower extremities with equal and symmetric deep tendon reflexes. Straight leg raises are negative bilaterally, and gait is normal. Diagnostic imaging studies include an MRI of the cervical spine on October 18, 2013 which revealed degenerative changes at C3 through 7 with small protrusions, greatest at C3-4. A lumbar spine MRI on March 12, 2013 was normal. An MRI of the thoracic spine on March 12, 2013 was unremarkable. Previous treatment has included 24 visits of physical therapy, 6 visits of acupuncture, 24 visits of chiropractic manipulation, pharmacotherapy, and corticosteroid injections. A request had been made for 12 sessions of aquatic therapy, which was not certified in the pre-authorization process on April 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 x 6 weeks per spine surgery consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 24.

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: The MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records, fails to document why the claimant is unable to participate in land-based physical therapy. Additionally, there is insufficient documentation of objective evidence of functional gains with the prior 24 sessions of physical therapy. As such, Aquatic Therapy 2 x 6 weeks per spine surgery consultation is not medically necessary.