

Case Number:	CM14-0062539		
Date Assigned:	07/11/2014	Date of Injury:	08/01/2008
Decision Date:	10/02/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/05/2014

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 41-year-old female was reportedly injured on 08/01/2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 29, 2014, indicates that there are ongoing complaints of cervical, thoracic, and lumbar spine pain, left shoulder pain, left knee pain, and right ankle pain. The physical examination demonstrated decreased sensation at the left mid anterior thigh. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for aquatic therapy twice a week for six weeks for the cervical and lumbar spine and 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:

Aqua Therapy 2 x 6 to the Cervical/Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Aquatic Therapy, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, aquatic therapy is recommended as an optional form of exercise therapy and an alternative to landbased physical therapy. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable. Considering this, it is unclear how the injured employee can benefit from aquatic therapy for the cervical spine. Additionally, the Official Disability Guidelines recommends 10 visits of physical therapy for lumbar spine sprains and strains and this request is for 12 visits. For these reasons, this request for aqua therapy twice a week for six weeks for the cervical and lumbar spine is not medically necessary.