

Case Number:	CM14-0064666		
Date Assigned:	07/11/2014	Date of Injury:	08/03/2005
Decision Date:	08/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 and Ohio. 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 54-year-old female who reported an injury on 08/03/2005; the mechanism of injury was not provided. On 01/28/2014, the injured worker presented with neck, right shoulder, and low back pain. An MRI of the cervical spine dated 03/21/2013 noted multilevel degenerative disc disease with disc herniation at C3-4, C5-6, and C6-7 with abutment on the ventral cord. There was a cyst noted at the right C3-4 level with encroachment into the neural foramen. The lumbar spine noted mild disc degeneration at L1-2 and L2-3 with mild disc herniation at L4-5 and L2-3 without significant stenosis. The diagnoses were cervical degenerative disc disease, cervical stenosis, cervicgia, lumbar degenerative disc disease, myalgia, and lumbago. Prior therapy included medications, injections, an EMG, and physical therapy. The provider recommended aqua physical therapy 2 times to 3 times a week for 4 weeks to 6 weeks for the cervical and lumbar spine. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2-3 times per week for 4-6 weeks for cervical and lumbar: Upheld

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

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

Decision rationale: The request for Aqua physical therapy 2-3 times per week for 4-6 weeks for cervical and lumbar is not medically necessary. The California MTUS recommend aquatic therapy as an optional form of exercise therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. The guidelines recommend 10 visits of therapy for up to 4 weeks. The included medical documentation does not indicate that the injured worker is recommended for reduced weight-bearing exercise. Additionally, the amount of aquatic therapy visits that the injured worker has completed and the efficacy of the prior therapy was not provided. As such, the request is not medically necessary.