

Case Number:	CM14-0065597		
Date Assigned:	07/11/2014	Date of Injury:	02/11/1999
Decision Date:	08/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 Interventional Spine 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 patient is a 68-year-old male with an injury date of 02/11/99. Based on the 04/15/14 progress report provided by [REDACTED], the patient complains of cervical spine pain. He walks slowly and cautiously. He has difficulty standing from a seated position and has a forward hunching of his cervical spine. The patient has a loss range of motion and has weakness throughout the bilateral upper extremities. His diagnoses include the following: history of cervical fusion; multi-level cervical spondylosis; increased cervical spine pain, loss of motion and increased radicular complaints; status-post L5-S1 lumbar fusion with chronic lumbar spine pain; and multi-level lumbar spondylosis. [REDACTED] is requesting for a [REDACTED] membership for water therapy. The utilization review determination being challenged is dated 05/01/14. [REDACTED] is the requesting provider, and he provided treatment reports from 05/29/13-04/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Membership for Water Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 90-91, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy & Physical Medicine Page(s): 22, 98-99.

Decision rationale: According to the 04/15/14 report by [REDACTED], the patient presents with cervical spine pain. The request is for a [REDACTED] membership for water therapy. MTUS page 22 states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, there is no documentation of extreme obesity or a need for reduced weight bearing. There is no indication of how the aquatic therapy the patient has already had impacted the patient nor is there any reasoning as to why the patient is unable to tolerate land-based therapy. Recommendation is not medically necessary.