

Case Number:	CM14-0068204		
Date Assigned:	07/14/2014	Date of Injury:	12/05/2005
Decision Date:	08/28/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/13/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in New York, and Texas. 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 51 year old female whose date of injury is 12/05/2005. The mechanism of injury is described as cumulative trauma. Progress report dated 04/07/14 indicates that the injured worker tripped at work in December 2013. She has been attending water aerobics three times weekly. The injured worker is working with restrictions. On physical examination cervical range of motion is 60 percent throughout, abduction of both shoulders is to 150 degrees, and straight leg raise bilaterally is to 90 degrees. It is indicated that the injured worker would benefit from six visits of physical therapy directed at the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATHERAPY FOR LOW BACK; THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for aqua therapy for low back three times a week for four weeks is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. The submitted records indicate that the injured worker has undergone prior aquatic therapy; however, the injured worker's objective functional response to this treatment is not documented to establish efficacy of treatment and support additional sessions. There are no specific, time limited treatment goals provided. It is unclear why reduced weightbearing is desirable at this time. California Medical Treatment Utilization Schedule (MTUS) guidelines support aquatic therapy when reduced weightbearing is desirable. California MTUS guidelines would support one to two visits every four to six months for recurrence or flare up and note that elective/maintenance care is not medically necessary. Therefore, the request for aqua therapy 3 x per week x 4 weeks is not medically necessary and appropriate.