MAXIMUS Federal Services

Case Number:	CM14-0068489		
Date Assigned:	07/14/2014	Date of Injury:	02/20/2003
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
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 Management 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:

This is a 61-year-old female with a 2-20-2003 date of injury. A specific mechanism of injury was not described. 4/18/14 determination was non-certified given that the guidelines would support an expectation for an ability to perform a proper non supervised rehabilitation regimen when an individual has received access to physical therapy services previously and when an individual is this far removed from the onset of symptoms. 4/18/14 medical report identified that the patient was seen on 3/21/14 and she was having problems with the neck and upper extremities. She had no recent treatments. On exam, there were discrete tender trigger points over the neck and posterior shoulders. She also had decreased sensation of the right hand. The provider stated that he ordered 6 sessions of aquatic therapy to address pain and tenderness. It was also noted that the patient weighed 310 pounds. In addition to the above noted clinical findings, the 3/21/14 medical report identified an Oswestry score of 68%, indicating that the patient feels crippled. Diagnoses included degenerative cervical disc disease with radiculopathy and myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy x 6: Overturned

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 patient had neck pain with trigger points on exam at the time of the 3/21/14 evaluation. It was noted that the patient had not had any recent therapy. The MTUS Chronic Pain Guidelines states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In light of the patient's findings, weight, and no recent therapy, a short course of aquatic therapy could be of help to provide pain relief and increase in function. The medical necessity was substantiated. As such, the request is medically necessary and appropriate.