

Case Number:	CM14-0079085		
Date Assigned:	07/18/2014	Date of Injury:	10/31/1994
Decision Date:	08/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 injured worker is a 55-year-old female who reported an injury on 10/31/1994. The mechanism of injury was not provided. On 11/04/2013, the injured worker presented with pain radiating down to the right posterior thigh. Prior treatments include a fusion, left shoulder surgery, physical therapy, and pool therapy. On examination of the cervical spine, there was mild cervical paraspinous tenderness. The examination of the lumbar spine noted mild lumbar paraspinous tenderness. The injured worker's diagnosis includes status post L4-5 and L5-S1 lumbar spine fusion; cervical spine sprain/strain; thoracic spine sprain/strain; status post bilateral carpal tunnel release; history of acute coronary syndrome possibly secondary to Darvocet usage; left shoulder impingement; and evidence of radiculopathy at L5 more than S1 with chronic neuropathic changes. The provider recommended pool therapy with a quantity of 6 visits. The provider noted that the injured worker continued independent pool therapy on a daily basis and findings it extremely beneficial. The request for authorization form was dated 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Renewal of independent pool therapy (aqua therapy) QTY:6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Gym memberships.

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

Decision rationale: The request for renewal of independent pool therapy (aqua therapy) QTY:6 is not medically necessary. The California MTUS recommends aquatic therapy as an optional form of exercise therapy that can minimize the effects of gravity. In addition, aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines recommend up to 10 visits of aquatic therapy for over 4 weeks. The included documentation lacked evidence that the injured worker is specifically recommended for reduced weight bearing exercise. Additionally, the amount of aquatic therapy that the injured worker has already completed was not provided. As such, the request is not medically necessary.