

Case Number:	CM14-0080301		
Date Assigned:	07/18/2014	Date of Injury:	07/11/2003
Decision Date:	11/20/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/31/2014

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 Family Practice, 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:

41 yr. old female claimant sustained a work injury on 7/11/03 involving the neck, mid and upper back. A physician note on 1/24/14 indicated she had chronic pain in the back. Exam findings were notable for tenderness in the cervical and thoracic regions. X-ray findings were notable for a previous fusion of the cervical spine. The physician prescribed topical Voltaren gen, oral analgesics and aqua therapy for 8 sessions to help with inflammation and spasms. A progress note on 4/15/14 indicated the claimant had been doing physical therapy with good progression. 8 sessions of aqua therapy was requested again in May 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy one (1) time per week times eight (8) weeks cervical and thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation ACOEM, 2nd Edition (2007) Chapters 8 and 12; Official Disability Guidelines-Treatment for Worker's Compensation, Online Edition, Chapters: Neck & Upper back; Low Back- Lumbar & thoracic, Physical Therapy (PT)

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

Decision rationale: According to the MTIUS guidelines, aqua therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. In this case, the claimant was able to perform land based physical therapy. In addition, the amount of aqua therapy previously completed is unknown. The request for 8 sessions of Aqua Therapy is not medically necessary.