

Case Number:	CM14-0084244		
Date Assigned:	07/21/2014	Date of Injury:	12/18/2009
Decision Date:	10/16/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/05/2014

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 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:

Progress report dated 04/22/2014 states the patient presented for follow-up of her low back pain which has been well controlled with her medications. On exam, range of motion of the cervical spine was restricted in all planes. The lumbar spine revealed was moderately restricted. She had multiple myofascial trigger points and taut bands noted throughout cervical paraspinal muscles. Her sensation was decreased in the L5-S1 dermatomes. She is diagnosed with cervical and lumbosacral radiculopathy; chronic myofascial pain syndrome, cervical and thoracolumbar spine; and right shoulder injury. The patient has been recommended for aquatic therapy twice a week for 6 weeks to the neck and low back. Prior utilization review dated 05/05/2014 states the request for Aquatic Therapy 2x6, neck and low back is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x6, neck and low back: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes 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. Medical records reflect the claimant with back and neck pain. There is an absence in documentation noting that this claimant cannot tolerate a land based/home exercise program or that she requires reduced weight bearing. Therefore, the medical necessity of this request is not established.