

Case Number:	CM14-0088192		
Date Assigned:	07/23/2014	Date of Injury:	10/02/2012
Decision Date:	09/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/12/2014

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 Arizona. 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 patient is a 57-year-old female who suffered a work related injury on 10/02/2012. She is a bus driver and was involved in an accident while driving a school bus. She blacked out and side swiped several cars. Several days later she developed neck and back pain. MRI studies showed disc degeneration and bulging at several levels in the lumbar area and an X-ray of the cervical spine showed degenerative changes. Subsequently she received pain medications as well as epidural injections for the cervical and lumbar area without much improvement. As part of her treatment, aquatic therapy was ordered in order to reduce pain and improve mobility and strength. This form of aquatic therapy was not certified by an independent medical reviewer in April, 2014. This patient has history of hypertension and she weighs 370 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2x6 lumbar: Overturned

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: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. This form of therapy including swimming can minimize the effects of gravity, so it is specifically recommended when reduced weight bearing is desirable, for example extreme obesity. From review of the medical records, this patient meets the criteria for such therapy. She is obese at 5 foot 2 inches, and 370 pounds. She has not improved with medications and injections. She probably cannot tolerate land-based therapy. A full description of her pain, physical impairment and diagnosis are clearly documented in the pain management consultation report and the agreed medical evaluation. As such, the request is medically necessary.