

Case Number:	CM14-0091402		
Date Assigned:	07/25/2014	Date of Injury:	07/02/1999
Decision Date:	10/14/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/18/2014

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, Pain Medicine and is licensed to practice in New York and 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:

The injured worker is a 51 year old female whose date of injury is 07/02/1999. The mechanism of injury is not described. Treatment to date includes massage therapy, aquatic therapy, intrathecal pump implant, spinal cord stimulator implant and medication management. Follow up note dated 05/13/14 indicates that the injured worker being followed for neuropathic and myofascial pain in the setting of complex regional pain syndrome. Diagnosis is complex regional pain syndrome. Request for Aqua Therapy - 12 sessions was denied by Utilization Management on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 12 sessions: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for aqua therapy 12 sessions is not recommended as medically necessary. The submitted records indicate that the injured worker has undergone prior aquatic therapy; however, the number of sessions completed

to date and the injured worker's objective functional response to this treatment is not documented to establish efficacy of treatment and support additional sessions. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, medical necessity is not established in accordance with CA MTUS guidelines.