

Case Number:	CM14-0099554		
Date Assigned:	07/28/2014	Date of Injury:	03/02/2012
Decision Date:	10/01/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 Nevada. 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 records, presented for review, indicate that this 58 year old gentleman was reportedly injured on March 2, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated June 30, 2014, indicated that there were ongoing complaints of neck pain, back pain, and shoulder pain. The physical examination revealed cervical spine muscle spasms and pain with range of motion, decreased range of motion of the right shoulder, lumbar spine noted guarding, spasms, and painful range of motion as well. Diagnostic imaging studies of the lumbar spine revealed a disc herniation at L3 to L4 and L4 to L5. Prior treatment included physical therapy and oral medications. A request was made for nine sessions of aquatic therapy and was not certified in the preauthorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 9 Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports aquatic therapy as an alternative to land based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review, of the available medical records, fails to document why the injured employee is unable to participate in land based physical therapy or a home exercise program As such, the request is not medically necessary.