

Case Number:	CM13-0069062		
Date Assigned:	01/03/2014	Date of Injury:	12/15/2009
Decision Date:	03/27/2015	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 12/5/09. A utilization review determination dated 11/27/13 recommends non-certification of aquatic therapy. 11/21/13 medical report identifies neck, upper back, and low back pain 5/10 without medication and 2/10 with medication. Some of the numbness in the left hand has returned, but it is not severe. H-Wave unit has been helping. Aquatic therapy has helped with her posture and she has noticed improvement in her ability to function. There is less pain in the upper body and neck since she started aquatic therapy. She had two sessions of aquatic therapy, which has been helping. On exam, no abnormal findings are noted. Patient is 222 pounds and 68 inches. 11/11/13 therapy note identifies that it is visit number 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (preface)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. There is some improvement noted with prior sessions, although no specifics are identified. The number of sessions completed is not clearly documented, although at least 7 sessions appear to have been completed. Furthermore, there are no significant functional deficits noted and there is no clear rationale for continued formal aquatic therapy rather than adherence to an independent home exercise program to address any remaining deficits. In light of the above issues, the currently requested aquatic therapy are not medically necessary.