

Case Number:	CM14-0002840		
Date Assigned:	01/15/2014	Date of Injury:	03/31/2003
Decision Date:	01/16/2015	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 65-year-old female with injury date of 03/31/03. Based on the 07/29/13 progress report, the patient complains of neck pain and worsening back pain. Physical examination revealed markedly restricted cervical and lumbar motion, slow gait, and inability to stand on one foot. Per 04/15/13 report, the patient reported a fall and ended up with a small cerebrovascular accident. The patient has gait instability. Neither of these reports discusses prior aqua therapy. On 7/29/13, the treating physician has asked for aqua therapy. The listed diagnoses on 7/29/13: Cervical disc injury with five cervical surgeries, details unknown; Possible late onset myelopathy versus sequelae of cerebrovascular accident; Thoracolumbar scoliosis. The request is for 8 Aquatic Therapy Visits (Hydro or Heated Pool). The utilization review determination being challenged is dated 08/15/13. The rationale is "...the requested eight sessions exceeds the six-visit trial generally recommended by the referenced practice guidelines." Treatment reports were provided from 01/03/13 to 08/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aquatic Therapy Visits (Hydro or Heated Pool): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: The patient presents with neck pain and worsening back pain. The request is for 8 Aquatic Therapy Visits (Hydro or Heated Pool). Physical examination revealed markedly restricted cervical and lumbar motion, slow gait, and inability to stand on one foot. Per MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy, "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." For number of treatments, MTUS pages 98-99 recommends 9-10 visits for myalgia, myositis, neuralgia, neuritis and radiculitis type of conditions. In this case, the treating physician has asked for aqua therapy but does not provide a reason. There is a reference to a small stroke and the patient has a low gait. There is no discussion regarding treatment history. Reports do not show evidence of recent therapy. There is no documentation as to why water therapy is needed. There is no extreme obesity or a particular need for weight-reduced exercise. The request is not medically necessary.