

Case Number:	CM14-0207487		
Date Assigned:	12/19/2014	Date of Injury:	03/15/2010
Decision Date:	02/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old man who sustained a work-related injury on March 15, 2010. Subsequently, the patient developed a chronic low back pain and neck pain for which she underwent the cervical decompression on 2011. He also underwent lumbar fusion on 2012. According to a progress report dated on November 10, 2014, the patient was complaining of ongoing back pain radiating to both lower extremities. The patient physical examination demonstrated no focal neurological signs. The patient was diagnosed with chronic pain syndrome, status post a cervical and lumbar surgery. The provider requested authorization for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: 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 Aquatic therapy Page(s): 22.

Decision rationale: According to MTUS guidelines, aquatic therapy is <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 recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) >. There is no clear evidence that the patient is obese or has difficulty performing land-based physical therapy or the need for the reduction of weight bearing to improve the patient's ability to perform a particular exercise regimen. There is no documentation for a clear benefit expected from Aquatic therapy. Therefore, the prescription of aquatic therapy is not medically necessary.