

Case Number:	CM14-0209541		
Date Assigned:	12/22/2014	Date of Injury:	03/31/2013
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, 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 39 year-old male with a 3/31/13 date of injury. According to the 7/25/14 chiropractic report, the patient is 5'6", and 164 lbs, and presents with low back pain radiating down the bilateral lower extremities, and right shoulder, elbow and wrist pain. He completed 24 sessions of acupuncture and is pending aquatic therapy 2-3/week for 6 weeks. On 11/20/14 utilization review denied a request for aquatic therapy x14 sessions because the reviewer did not see evidence of a condition that would warrant aquatic therapy over land-based therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: The patient is reported to have severe pain in the neck, right upper extremity and low back and both lower extremities. Electromyogram (EMG)/Nerve Conduction Velocity (NCV) of the neck and upper extremities from 10/07/14 was read as normal. The chiropractic report states he has attended 24 acupuncture sessions but still complains of severe back pain and

severe stabbing pain in the shoulder, down to the elbow and wrist. The request is for 14 aquatic therapy sessions. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for aquatic therapy states: "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." MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 state that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The MTUS guidelines recommend 8-10 sessions of therapy for myalgias or neuralgias, and states that this could be in the form of aquatic therapy if reduced weight-bearing is desirable, for example extreme obesity. The patient is not extremely obese; he is reported as being 5'6" tall and 164 lbs. There is no discussion of need for reduced weight-bearing, and the requested number of sessions will exceed the MTUS recommendations. The request for 14 aquatic therapy sessions is not medically necessary.