

Case Number:	CM14-0209849		
Date Assigned:	12/22/2014	Date of Injury:	04/03/2008
Decision Date:	02/17/2015	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 Pain Medicine 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 injured worker is a 50-year-old female with an original date of injury of April 3, 2008. The industrial diagnoses include cervical sprain, right shoulder impingement, trapezius sprain, cervical radiculopathy, cervical spine facet arthropathy, and cervical disc protrusion. Conservative therapies have included many session of PT (land-based) in the past, and the utilization determination documents 18 sessions. The patient has had previous surgeries including that of the left shoulder and a lumbar microdiscectomy in 2008. The disputed request is for aquatic therapy for the neck and back for 16 sessions. The utilization review determination on November 20, 2014 had non certified this request. The rationale for the denial of the aquatic therapy was that the patient was treated with land-based physical therapy and there is "no indication that the claimant is not able to tolerate land-based therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for the neck and Back 2x 8weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 22, 98-99.

Decision rationale: In the case of this in your worker, there is documentation that the worker had previously tolerated land-based physical therapy for many sessions in the past. The guidelines for aquatic therapy followed the same number of sessions as land-based therapy. Aquatic therapy in fact is considered an alternative to land-based therapy. Therefore at this juncture, it is not reasonable to request another 16 sessions of aquatic therapy. If there is in fact intolerance to land-based exercises at this point, a reasonable approach would be a short trial, and then renewal based upon functional improvement per MTUS guidelines. Unfortunately the independent medical review process does not allow modification, and the original request is not medically necessary.