

Case Number:	CM14-0079135		
Date Assigned:	07/18/2014	Date of Injury:	03/13/2000
Decision Date:	03/30/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/29/2014

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. 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

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 66-year-old female who reported an injury on 08/20/1984. The mechanism of injury was not stated. The current diagnoses include status post lumbar transforaminal interbody fusion on 07/31/2012, status post right shoulder arthroscopic procedure with residual weakness, elevated blood pressure, anxiety, and depression. The latest physician progress reports submitted for review is documented on 02/05/2014. The injured worker presented with complaints of anxiety attacks, pain in the neck, shoulder, low back, muscles and joints. There was no physical examination provided. The injured worker was issued a prescription for Cymbalta 60 mg and Medrol Dosepak. A Physical Therapy Treatment Encounter Note was submitted on 08/29/2014. It was noted that the injured worker was actively treated for lumbar radiculopathy. The injured worker presented with complaints of persistent pain rated 6/10. It was noted that the injured worker was instructed to continue with massage therapy after completion of aquatic therapy. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar spine aquatic therapy 2X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines not given.

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

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy as an optional form of exercise therapy where available as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable. In this case, there was no documentation of a recent physical examination. The total amount of completed sessions of aquatic therapy is unknown. The medical necessity for ongoing treatment has not been established. There is no indication that this injured worker requires reduced weight bearing as opposed to land based physical therapy. Given the above, the request is not medically appropriate.