

Case Number:	CM15-0009844		
Date Assigned:	01/27/2015	Date of Injury:	10/10/1994
Decision Date:	03/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/16/2015

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: Emergency Medicine

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 63 year old male who sustained an industrial injury on 10/10/1994. He has reported back and neck pain. The diagnoses have included displacement of cervical intervertebral disc without myelopathy, sleep disturbance and lumbago. Treatment to date has included therapy, home exercises and medication management. Currently, the IW complains of low back pain. Treatment plan included pool physical therapy-3x weekly for 2 months. On 12/31/2014, Utilization Review non-certified review of pool physical therapy-3x weekly for 2 months, noting the injured worker has no documented issued with land based therapy. The MTUS was cited. On 1/8/2015, the injured worker submitted an application for IMR for pool physical therapy-3x weekly for 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy in pool; 3 times weekly for 2 months: 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 Physical Medicine Page(s): 22 and 98-99.

Decision rationale: As per MTUS Chronic pain guidelines, Aquatic Therapy may be recommended as an optional form of exercise and/or physical therapy where pt is not able to tolerate land based therapy. It may have some additional benefits in patients with fibromyalgia which is likely due to exercise. There is no documentation as to why the pt cannot tolerate land based therapy. Documentation merely states that it is a preference of the patient. There is no noted failure of standard physical therapy or a home based exercise therapy. The number of therapy sessions is also excessive; guidelines recommend up to 12 sessions for the diagnosis listed but the provider has requested over 28 sessions. Aquatic therapy is not medically necessary.