

Case Number:	CM15-0195471		
Date Assigned:	10/09/2015	Date of Injury:	06/14/2014
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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(n) 43 year old male, who sustained an industrial injury on 6-14-14. The injured worker was diagnosed as having lumbar discogenic pain, cervical sprain, left shoulder sprain and bilateral knee sprain. Medical records (4-10-15 through 8-24-15) indicated pain in his neck, lower back, left shoulder and bilateral knees. The physical exam (4-10-15 through 8-24-15) revealed "decreased" and painful cervical and lumbar range of motion. As of the PR2 dated 9-21-15, the injured worker reports pain in his lower back. He rates his pain 5-6 out of 10. Objective findings include tenderness to palpation in the lumbar spine with spasms. Treatment to date has included a cervical and lumbar x-ray on 2-18-15 showing normal results, physical therapy for the lumbar spine started on 5-1-15, Flexeril, Tramadol, Prilosec, Relafen and Menthoderm cream. The treating physician requested aquatic therapy 3 x weekly for 4 weeks for the cervical spine and aquatic therapy 3 x weekly for 4 weeks for the lumbar spine. The Utilization Review dated 9-23-15, non-certified the request for aquatic therapy 3 x weekly for 4 weeks for the cervical spine and aquatic therapy 3 x weekly for 4 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 times a week for 4 weeks for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The amount requested exceeds the amount suggested by the guidelines. The request above 12 sessions of aquatherapy for the cervical spine is not medically necessary.

Aquatic therapy 3 times a week for 4 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The amount requested exceeds the amount suggested by the guidelines. The request 12 sessions of aquatherapy for the lumbar spine as above is not medically necessary.