

Case Number:	CM15-0023475		
Date Assigned:	02/13/2015	Date of Injury:	01/15/1993
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female who sustained an industrial injury on 1/15/93 when she was involved in a motor vehicle accident. Currently she complains of continues headaches with photophobia increased with reading. In addition she complains of numbness and weakness in both hands, low and upper back pain and neck pain. She is compromised in all domains of activities of daily living. She is currently not taking any medications. Diagnoses are post-concussion syndrome, lumbago, visual disturbances. Progress note dated 12/1/14 indicates that aqua therapy would be helpful as the injured worker has not had aqua therapy recently and she exhibits greater imbalance. Continued rehabilitation is recommended. On 1/21/15 Utilization Review non-certified the requests for Aqua Therapy 1 time a week for 8 weeks citing MTUS: Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, 1 time a week for 8 weeks: 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 Page(s): 22, 98-99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified. The patient does not meet criteria for extreme obesity and has documentation of a weight of 146 lbs, height of 63 inches, and BMI of 25.86 on 11/12/2014. Therefore, this request is not medically necessary.