MAXIMUS Federal Services

Case Number:	CM15-0031753		
Date Assigned:	02/25/2015	Date of Injury:	03/17/2012
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/19/2015

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, Arizona
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 60-year-old male who reported an injury on 03/17/2012 due to an unspecified mechanism of injury. On 01/14/2015, he presented for a follow up evaluation. He reported pain in his neck and left shoulder with radiation into the left arm, elbow, wrist, and hand. He also reported mid and low back pain. He rated his pain in the neck at an 8/10 and in his low back at a 7/10. A physical examination of the cervical spine showed forward flexion of 45 degrees, extension of 45 degrees, and rotation and side bending to 25 degrees. There was normal alignment and a negative Spurling's maneuver. Inspection of the lumbar spine showed no asymmetry or scoliosis and there was tenderness to palpation of the left lumbar paraspinal muscles consistent with spasms. There was a negative facet loading maneuver and negative straight leg raise. Motor strength was noted to be normal in the upper and lower extremities. He was diagnosed with cervicalgia, spinal stenosis of the cervical region, and spinal stenosis of the lumbar region with neurogenic claudication. The treatment plan was for aquatic therapy for the cervical and lumbar spine, 10 visits. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for Cervical and Lumbar Spine 10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land based therapy specifically when reduced weight bearing is desirable. The documentation provided does not state a clear rationale for the medical necessity of aquatic therapy rather than land based physical therapy and it does not appear that the injured worker is incapable of performing land based physical therapy. Also, there was no indication that the injured worker has a condition where reduced weight bearing is desirable. Therefore, the request is not supported. As such, the request is not medically necessary.