

Case Number:	CM15-0048407		
Date Assigned:	03/20/2015	Date of Injury:	01/17/2013
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/13/2015

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: Massachusetts

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 58 year old male, who sustained an industrial injury on January 17, 2013. He reported being in a motor vehicle accident. The injured worker was diagnosed as having multilevel disc bulge with radiation. Treatment to date has included electromyography (EMG)/nerve conduction study (NCS), home exercise program (HEP), and medication. Currently, the injured worker complains of neck pain radiating to the right arm, with hand feeling swollen. The Primary Treating Physician's report dated January 27, 2015, noted the injured worker's cervical spine examination unchanged, with a electromyography (EMG)/nerve conduction velocity (NCV) study of the bilateral upper extremities noted to be abnormal. The Physician requested aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy, 2 x 4 weeks for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Intergrated Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain,

Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic neck pain after a motor vehicle accident. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, there are no identified co-morbid conditions that would limit the claimant's ability to participate in conventional physical therapy treatments. Additionally, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is also in excess of that recommended. The request is therefore not medically necessary.