

Case Number:	CM15-0050866		
Date Assigned:	03/24/2015	Date of Injury:	12/16/2010
Decision Date:	05/13/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/17/2015

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: Pennsylvania, Ohio, California
 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:

This 44 year old man sustained an industrial injury on 12/16/2010. The mechanism of injury is not detailed. Diagnoses include cervical degenerative disc disease, thoracic discogenic syndrome, and lumbar degenerative disc disease. Treatment has included oral and topical medications and home exercise program. Physician notes on a PR-2 dated 2/19/2015 show complaints of constant mid to low back pain with radiation to the legs and neck pain with radiation to the bilateral shoulders. Recommendations include pain management evaluation to assess for functional rehabilitation program candidacy, aquatic therapy, increase activity, continue home exercise program, awaiting approval of lumbar epidural steroid injection, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Physical Medicine, Aquatic Exercise Page(s): 46, 99, 22.

Decision rationale: MTUS recommends active independent home exercise for most patients. This guideline also states that there is not sufficient evidence in most cases to support the recommendation of a particular exercise regimen over another regimen. The records in this case do not provide a rationale for supervised aquatic therapy rather than independent home exercise. Thus this request is not medically necessary.