

Case Number:	CM15-0055434		
Date Assigned:	03/30/2015	Date of Injury:	09/09/2013
Decision Date:	05/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/23/2015

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

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 was a 30 year old female, who sustained an industrial injury, September 9, 2013. The injured worker previously received the following treatments Norco, X-ray of cervical spine, X-ray of the right shoulder, chiropractic services, acupuncture, X-ray of the lumbar spine, EMG/NCS (electro diagnostic studies and nerve conduction studies) of the lower extremities, 6 sessions of physical therapy and lumbar spine MRI. The injured worker was diagnosed with lumbar spine strain/sprain, cervical spine sprain/strain, right shoulder sprain/strain, chronic pain with right sided sciatica and right lumbar radiculopathy. According to progress note of January 19, 2015, the injured workers chief complaint was low back pain and neck pain 8 out of 10; 0 being no pain and 10 being the worse pain, right shoulder pain 7 out of 10. The physical exam noted cervical spine tenderness and painful range of motion. The right shoulder had decreased range of motion and pain with range of motion. The treatment plan included random urine toxicology laboratory studies, aqua therapy and return to the clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of aquatherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Section Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Page(s): 22 and 98-99.

Decision rationale: Aquatic therapy is recommended as an alternative to land based therapy and is specifically recommended when reduced weight bearing is desirable. There is no evidence from the record that there is a need to reduce weight bearing or that aquatic therapy would have benefit beyond the physical therapy she has already received and the home exercise program that has already been established. Furthermore, the physical medicine guidelines allow for 9-10 visits over 8 weeks for myalgia and 8-10 visits over 4 weeks for radiculitis. This request exceeds that. The goal of physical therapy including aquatic therapy is to wean the patient to a home exercise program where continued gains can be realized. This worker has already received several sessions of physical therapy and a home exercise program has been established. No rationale has been provided for additional therapy beyond what is recommended. Therefore, the requested treatment is not medically necessary.