

Case Number:	CM15-0081271		
Date Assigned:	05/04/2015	Date of Injury:	11/29/2014
Decision Date:	06/02/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/28/2015

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: Emergency Medicine

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 26 year old female sustained an industrial injury on 11/29/14. She subsequently reported head and right side bodily injury. Diagnoses include cervical/ lumbar / thoracic musculo-ligamentous sprain/ strain, right shoulder impingement, right knee sprain/ strain and neck strain. Treatments to date include modified work duty, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, straight leg raising tests negative, positive bilateral Yeoman's and reduced range of motion was noted. Aquatic therapy was requested due to patient being 8 weeks pregnant. Patient had 4 aquatic therapy sessions approved on 2/27/15. There is no documentation provided concerning response to therapy already received. A request for aquatic therapy was made by the treating physician. Total number of sessions was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As per MTUS Chronic pain guidelines, Aquatic Therapy may be recommended as an optional form of exercise and/or physical therapy where pt is not able to tolerate land based therapy. It may have some additional benefits in patients with fibromyalgia which is likely due to exercise. There is no documentation as to why the pt cannot tolerate land based therapy. Patient was reportedly 8 weeks pregnant at time of original Aquatic therapy request. Pregnant women can perform standard physical therapy and has no significant restrictions until 3rd trimester. Patient also has reportedly completed 4 prior aquatic therapy sessions with no documentation of any objective improvement of pain or function. Without documented improvement from prior therapy and medical rationale as to why low impact land based therapy is not sufficient, additional Aquatic therapy is not medically necessary.