

Case Number:	CM15-0083930		
Date Assigned:	05/06/2015	Date of Injury:	04/24/2014
Decision Date:	06/04/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/01/2015

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:

The injured worker is a 57 year old male, who sustained an industrial injury on April 24, 2014. He was diagnosed with cervical spondylosis, lumbar spondylosis, and cervical degenerative disc disease, and lumbar degenerative disc disease, cervical and lumbar sprain. Cervical Magnetic Resonance Imaging revealed disc protrusion and herniation. Treatments included ice and heat, anti-inflammatory drugs, home exercise program, physical therapy and aqua therapy. There was no evidence of functional improvement with previous physical therapy. Currently, the injured worker complained of persistent left upper extremity numbness radiating into his shoulder and pain with numbness down into the lower extremity. The treatment plan that was requested for authorization included Aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy and Physical Medicine Page(s): 22 & 99.

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

Decision rationale: The requested Aqua therapy 2 x 6 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The injured worker has persistent left upper extremity numbness radiating into his shoulder and pain with numbness down into the lower extremity. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented objective evidence of derived functional benefit from completed aquatic therapy sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Aqua therapy 2 x 6 is not medically necessary.