

Case Number:	CM15-0084236		
Date Assigned:	05/06/2015	Date of Injury:	10/10/2011
Decision Date:	06/04/2015	UR Denial Date:	04/16/2015
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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 49-year-old female, who sustained an industrial injury on October 10, 2011, incurring back and shoulder injuries after she fell climbing down a ladder. She was diagnosed with cervical and lumbar herniated discs and a right shoulder impingement. Treatments included physical therapy, acupuncture, chiropractic sessions, pain medications, right shoulder surgery, cervical epidural steroid injection, lumbar epidural steroid injection and Magnetic Resonance Imaging. The injured worker continued to complain of back pain. Magnetic Resonance Imaging performed in 2013 revealed multilevel disc bulges, spinal stenosis and spondylosis. Currently, the injured worker complained of lower back pain with radicular pain. She also complained of persistent neck pain and pain in both shoulders. The treatment plan that was requested for authorization included 12 aquatic therapy sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 aquatic therapy sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines aquatic therapy. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter (Acute & Chronic), Physical Therapy (PT), ODG Preface.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 22.

Decision rationale: Aqua therapy is in question for this injured worker for chronic pain. Per the guidelines, 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, as in extreme obesity. In this case, the records do not justify why aqua therapy is indicated over additional land based therapy and the aqua therapy is therefore not medically necessary.