

Case Number:	CM14-0117890		
Date Assigned:	08/06/2014	Date of Injury:	12/06/2010
Decision Date:	10/09/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old female who reported an injury on 12/06/2010. The mechanism of injury was not provided. On 06/12/2014, the injured worker's diagnoses were degenerative disc disease of the cervical spine, status post spinal surgery x2 since 11/14/2011, herniated nucleus pulposus of the cervical spine, upper extremity radiculitis, and severe myofasciitis. Upon examination, the injured worker was in mild distress with movements of the cervical spine. The cervical spine range of motion values were 30 degrees in flexion, 20 degrees of extension, and lateral motion of any kind. There was moderate to severe fasciitis in the suboccipital region down to the paravertebral cervical muscles into the trapezius and scapular muscles. There were no motor or sensory deficits. The provider recommended additional aquatic therapy sessions 1 time a week for 6 weeks for the cervical spine. The provider's rationale was not provided. The Request for Authorization form was dated 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aquatic Therapy Sessions- 1 Time a Week for 6 weeks for Cervical Spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine- Aquatic Therapy.

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

Decision rationale: The request for Additional Aquatic Therapy Sessions- 1 Time a Week for 6 weeks for Cervical Spine is not medically necessary. The California MTUS states that aquatic therapy is recommended as an optional form of exercise therapy. It is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The guidelines recommend up to 10 visits of aquatic therapy visits for up to 4 weeks. There was a lack of documentation indicating the injured worker is recommended for reduced weight bearing exercise. Additionally, the amount of aquatic therapy visits the injured worker underwent was not provided. As such, medical necessity has not been established.