

Case Number:	CM14-0118159		
Date Assigned:	09/10/2014	Date of Injury:	05/24/2010
Decision Date:	10/14/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 56-year-old female who reported an injury on 05/24/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included sprain and strain in the neck, lumbar spine, brachial neuritis or radiculitis, thoracic/lumbosacral neuritis or radiculitis, shoulder disorder. Previous treatments included medication and aquatic therapy. In the clinical note dated 05/28/2014, it was reported the injured worker complained of low back pain radiating into the lower extremities. The injured worker complained of bilateral knee pain with locking, popping, and instability. Upon the physical examination, the provider noted the injured worker had spasms and tenderness over the paravertebral muscles of the lumbar spine with decreased range of motion. The provider indicated the injured worker had medial and lateral joint line tenderness with patellar crepitus noted with flexion and extension to both knees. The request submitted is for aquatic therapy. However, a rationale is not provided for clinical review. The Request for Authorization is not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine. Decision based on Non-MTUS Citation ODG, Preface, Physical Therapy Guidelines

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

Decision rationale: The request for aquatic therapy 12 sessions is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise, where available as an alternate to land based therapy in those individuals in whom reduced weight bearing is desirable. There is lack of documentation indicating the injured worker had a condition for which reduced weight bearing is desirable. There is a lack of documentation of motor deficits of the lower extremity warranting the medical necessity for the request. Therefore, the request is not medically necessary.