

Case Number:	CM14-0142356		
Date Assigned:	09/10/2014	Date of Injury:	01/06/2010
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

Patient is a 58 year-old male with date of injury 01/06/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/16/2014, lists subjective complaints as ongoing low back pain. Objective findings: Patient gait was antalgic and ambulated with a cane, favoring the right leg. Examination of the lumbar spine revealed multiple trigger points in the right lumbar latissimus dorsi. Diagnosis: 1. chronic pain syndrome 2. Cervicalgia 3. Spondylosis, cervical 4. Cervical radiculopathy 5. Paresthesia, UE 6. Back pain, lumbar 7. Paresthesia, LE 8. Myofascial pain syndrome 9. Depression 10. Persona history of traumatic brain injury 11. Post-traumatic stress syndrome 12. Bipolar affective disorder. Previous treatments include medication, physical therapy (specific number not found in records supplied for review), a pain management program, epidural steroid injections, and home stretching exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2-3 Times Weekly for 12 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 58.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments. The request is for 24-36 visits of aquatic therapy. This number of visits is excessive according to the MTUS and not medically necessary.