

Case Number:	CM14-0099535		
Date Assigned:	07/28/2014	Date of Injury:	12/17/2012
Decision Date:	08/29/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/27/2014

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 has a subspecialty in Interventional Spine 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:

The patient is a 24 year-old female with the date of injury of 12/17/2012. The patient presents with pain in the neck, mid/upper/lower back and bilateral shoulders. The patient reports numbness in both of her wrists. ██████████ requested aquatic therapy, 3 times a week for 6 weeks. The utilization review determination being challenged is dated on 05/31/2014. ██████████ is the requesting provider, and she provided treatment reports from 01/30/2014 to 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Aquatic Therapy and Physical Therapy General.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 22 on aquatic therapy.

Decision rationale: The patient presents with moderate pain in her neck, mid/upper/lower back, shoulders and hands. The patient rates her pain as 4-8/10 on the pain scale. The request is for aquatic therapy, 3 times a week for 6 weeks. UR letter on 05/31/2014 mentions that the patient

had aqua therapy in the past. MTUS page 22 states 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. In this case, the treater has asked for therapy but does not discuss treatment history and what can be accomplished with additional therapy. Furthermore, there is no discuss as to why this patient would require reduced weight bearing exercises or treatments. The request is not medically necessary.