

Case Number:	CM15-0170222		
Date Assigned:	09/10/2015	Date of Injury:	06/03/2015
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old female, who sustained an industrial injury on 6-3-15. She reported low back pain, neck pain, chest pain, and left shoulder pain. The injured worker was diagnosed as having neck muscle strain and lumbar muscle strain. Treatment to date has included physical therapy and medication. Physical examination findings on 7-13-15 included mild tenderness and tightness in bilateral C4-T1 paraspinal muscles with painful range of motion. Tenderness and tightness was noted at T6-12 and L4-S1 and lumbar spine range of motion was painful. Palpation of the left shoulder revealed mild tenderness and upper and lower extremity motor strength was full with intact sensation. Currently, the injured worker complains of low back pain, upper back pain, right arm pain, and upper chest pain. Numbness in the right lower extremities was also noted. On 7-15-15 the treating physician requested authorization for aquatic therapy 3x4. On 8-3-15 the request was non-certified; the utilization review physician noted "there is no documentation that reduced weight-bearing is desired. This patient is not documented to be unable to tolerate standard land-based therapy or home exercise. Therefore this request was non-certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 per week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. In this case the injured there is no indication that the injured worker cannot tolerate land based therapy and there is no documentation to support the need to be non-weight-bearing. Additionally, this request for 12 aquatic therapy sessions exceeds the recommendations of the established guidelines. The request for aquatic therapy 3 per week for 4 weeks is determined to not be medically necessary.