

Case Number:	CM15-0073451		
Date Assigned:	04/23/2015	Date of Injury:	12/19/2014
Decision Date:	05/20/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49-year-old male sustained an industrial injury to the head, cervical spine and low back on 12/19/14. Previous treatment included physical therapy and medications. In an orthopedic spine consultation dated 3/11/15, the injured worker complained of ongoing pain in the back of the head, neck, upper back and low back extending into the right shoulder and right leg. Current diagnoses included cervical strain superimposed upon cervical spine degenerative disc disease with possible cervical spine stenosis or disc herniation, history of lumbar spine sprain/strain superimposed upon lumbar spine degenerative arthritis with possible disc herniation and recent progression into right lower extremity radiculopathy. The treatment plan included conservative care with aqua therapy twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure and Low Back Procedure Chapters.

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

Decision rationale: The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy. 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) There is no indication in the provided documentation that this patient has a condition such as extreme obesity that would preclude the patient from land-based physical therapy. The request for physical therapy is within the recommended number of session but the need for aquatic versus land-based physical therapy has not been established. For these reasons, criteria have not been met for the requested service and it is not medically necessary.