

Case Number:	CM15-0076619		
Date Assigned:	04/28/2015	Date of Injury:	04/02/2001
Decision Date:	05/26/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/21/2015

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, Georgia
 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 04/02/2001. She has reported subsequent neck, back and wrist pain and was diagnosed with musculoligamentous strain of the cervical spine, rule out lumbar radiculopathy and bilateral carpal tunnel syndrome. Treatment to date has included oral and injectable pain medication, application of heat and ice, physical therapy and a home exercise program. In a progress note dated 02/23/2015, the injured worker complained of neck pain radiating to the arms, hands and fingers and back pain radiating to the legs. Objective findings were notable for tenderness to palpation of the cervical and lumbar spine with reduced range of motion. A request for authorization of 12 sessions of pool therapy for the lumbar spine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 3x4 for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines (Lumbar).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
 Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is a reasonable alternative to land based therapy especially in cases where avoidance of the effects of gravity may be beneficial, as in cases of extreme obesity. Such sessions have the same requirements for fading frequency and progression to self-directed exercise program as do land based therapies. The medical records in this case document no intolerance of land-based physical therapy. Aquatic therapy is not medically necessary.