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| Case Number: | CM15-0079151 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 07/29/2010 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/24/2015 |

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: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old male who sustained an industrial injury on 7/29/2010. The injured worker reported symptoms in the neck, back, bilateral upper and lower extremities. The injured worker was diagnosed as having complex regional pain syndrome upper limb, lumbago, chronic pain syndrome, cervicgia and depressive disorder. Treatments to date have included oral pain medications, nonsteroidal anti-inflammatory drugs, rest, right elbow brace, and activity modification. Currently, the injured worker complains of discomfort in the neck, back, bilateral upper and lower extremities. The plan of care was for aquatic therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, ten (10) sessions (2x5): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. In fact, the patient does not meet criteria for "extreme obesity" and recent documentation does not list BMI, weight, or height information. The patient has tolerated land based PT in the past in the context of a functional restoration program. Therefore, this request is not medically necessary.