

Case Number:	CM14-0154821		
Date Assigned:	09/24/2014	Date of Injury:	02/17/2004
Decision Date:	11/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation, 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:

This patient is a 55 year old male with an injury date on 02/17/04. Based on the 07/31/14 progress report provided by [REDACTED], the patient complains of lumbar strain, decreased Range of Motion at the neck, plus shoulder pain. His diagnoses include the following:
 1. Spasm of muscle
 2. Lumbar Sprain
 3. Chronic Pain Syndrome
 4. Brachial Neuritis or Radiculitis Nos
 5. Sprain or Strain Neck [REDACTED] is requesting for 36 aquatic therapy sessions for the cervical and lumbar spine. The utilization review denied the request on 08/22/14. [REDACTED] is the requesting provider, and he provided treatment reports from 03/01/14 to 07/31/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for the cervical and lumbar spine, 36 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on aquatic therapy, physical medicine Page(s): 22, 98-99.

Decision rationale: The ODG guidelines and MTUS page 22 on aquatic therapy are "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." MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. MTUS guidelines page 98-99 recommend for Myalgia and myositis type symptoms 9-10 visits over 8 weeks. However, physical therapy reports were not brought for review. There is no discussion as to why the patient is not able to establish a home land-based exercise program to manage pain. Besides, the requested 36 sessions exceeds what is recommended by MTUS. Therefore, Aquatic Therapy for the cervical and lumbar spine, 36 sessions is not medically necessary.