

Case Number:	CM13-0002272		
Date Assigned:	03/21/2014	Date of Injury:	11/26/2012
Decision Date:	07/28/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/18/2013

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 Occupational Medicine 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:

The patient is a 28 year-old female, with a date of injury of 11/26/12. She developed low back pain subsequent to a lifting incident. She initially had some leg radiation which resolved over time. There was no signs of a radiculopathy with normal strength, reflexes and gait. Several physical therapy notes were reviewed which documented a normal gait and good tolerance of land based exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatherapy 2 x6 (12) lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The previous UR denied the aquatic therapy based on the lack of special circumstances that would justify this option. The records reviewed appear consistent with this. There is no documentation of special needs justifying aquatic therapy. The gait is documented as normal and there was good tolerance of land based therapy. MTUS Chronic Pain Guidelines support it's use under specific circumstances i.e. severe obesity or inability/difficulty walking.

These circumstances do not appear to be present, the request for aquatic therapy is not medically necessary.