

Case Number:	CM13-0005945		
Date Assigned:	11/08/2013	Date of Injury:	04/04/2001
Decision Date:	01/17/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, 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 physician 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 underlying date of injury in this case is 04/04/2001. The primary diagnosis is 722.52. Treating diagnoses include multiple lumbar herniated nucleus pulposus as well as degenerative disc disease of the lumbar spine and degenerative joint disease of the knees. An initial physician review recommended non-certification of aquatic therapy with the rationale that the request was for passive and not active therapy for treatment of low back pain and that the use of active treatment modalities is associated with substantially better treatment outcomes. Primary treating physician records are not available for review in the file. It appears that medical records of multiple other patients were submitted for review as part of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 aquatic physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd Edition

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Aquatic Therapy, page 22, states, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." A prior physician review recommended non-certification of aquatic therapy with the rationale that the guidelines support active rather than passive therapy. It appears that aquatic as prescribed is intended to refer to active aquatic exercise, which would not be a form of passive treatment. That said, the guidelines would still require a rationale as to why aquatic therapy is indicated instead of land-based therapy. The medical records in this case include a fax cover sheet stating that records for multiple patients were submitted together. At this time, the records are mixed and I cannot identify treating physician records for this patient with reference to the aquatic physical therapy under review. Therefore at this time this request is not medically necessary. However, it may be appropriate to resubmit a new request for an independent medical review specifically including the treating records regarding this particular patient and the issue under review. At this time, this request is not medically necessary as documented.