

Case Number:	CM13-0007360		
Date Assigned:	09/12/2013	Date of Injury:	11/13/2007
Decision Date:	07/29/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	08/05/2013

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 injured worker is a male with date for injury 11/13/2007. Per the primary treating physician's progress report dated 6/17/2013, the injured worker complains of ongoing good and bad days. He takes medications to calm pain. On the exam there is lumbosacral pain and tenderness, right greater than left. There is limited range of motion. Straight leg raise is positive bilaterally, right greater than left. There is decreased L5 and S1 sensation, right greater than left. The injured worker diagnosis is lumbosacral discopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POOL THERAPY VISITS BETWEEN 6/28/2013 AND 8/12/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The requesting physician recommends a trial of pool therapy for the injured worker. The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces

guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. Previous treatments have included acupuncture, transcutaneous electrical nerve stimulation unit, and recommended stretches. The number of sessions of pool therapy are in excess of the recommendations provided by the MTUS Guidelines. The medical necessity for more than 10 sessions of pool therapy are not addressed by the requesting physician. The requesting physician also does not explain why pool therapy is being requested instead of traditional land-based therapy for this injured worker. The request for 12 pool therapy visits between 6/28/2013 and 8/12/2013 are determined to not be medically necessary.