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| Case Number: | CM13-0016680 | | |
| Date Assigned: | 11/08/2013 | Date of Injury: | 02/07/2001 |
| Decision Date: | 12/23/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

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 Family Practice 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 is a 51 yr. old female who sustained a work injury on 7/30/13 involving the low back and knees. She was diagnosed with Lumbago and chronic pain. A progress note on 7/30/13 indicated the claimant had continued pain and weakness in the in the left knee. Exam findings were notable for paraspinal spasms, left knee effusion, positive McMurray's test, and painful range of motion. Her weight was 170 lbs. She was recommended to receive 12 sessions of aqua therapy for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 times a week for 4 weeks for low back pain: Upheld

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

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

Decision rationale: According to the guidelines, aquatic therapy is 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. The

amount of therapy is recommended for up to 10 sessions. In this case, there is no indication, that land based therapy cannot be performed. In addition, the amount of aquatic therapy exceeds the guideline recommendations. The aquatic therapy is not medically necessary.