

Case Number:	CM13-0026914		
Date Assigned:	09/08/2014	Date of Injury:	10/24/2000
Decision Date:	10/14/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50-year-old female was reportedly injured on October 24, 2000. The mechanism of injury is noted as continuous trauma. The most recent progress note, dated April 15, 2014, indicates that there are ongoing complaints of mid back pain and low back pain. The physical examination demonstrated improvement in the lumbar spine range of motion from prior. Special testing was normal and there was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine show disc desiccation at L5 - S1 with a disc protrusion abutting the thecal sac and left S1 nerve root. Previous treatment includes a cervical spine fusion, right shoulder surgery, physical therapy, acupuncture, and lumbar spine epidural steroid injections. A request had been made for eight aquatic therapy sessions for the thoracic spine, lumbar spine, and fibromyalgia and was deemed not medically necessary in the pre-authorization process on September 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) aquatic therapy sessions for thoracic spine, lumbar spine and for fibromyalgia complaints: Upheld

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

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

Decision rationale: The California MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records, fails to document why the injured employee is unable to participate in land-based physical therapy or home exercise program as was done previously. Without additional justification, this request for eight visits of aquatic therapy for the thoracic spine, lumbar spine, and fibromyalgia is not medically necessary.