

Case Number:	CM13-0028849		
Date Assigned:	11/01/2013	Date of Injury:	09/10/2012
Decision Date:	01/28/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California, Ohio and Pennsylvania. 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 09/10/2012. The primary diagnosis is 724.4 or lumbosacral neuritis. Additional diagnoses include lumbar disc displacement and carpal tunnel syndrome. As of 09/06/2013, the treating provider reported that the patient had pain in the low back, shoulders, legs, and feet. Acupuncture had helped the right shoulder but not the back. The patient had a normal gait with positive straight leg raising of 45 degrees. The treating provider recommended aquatic physical therapy. An initial physician review concluded that the medical records did not indicate that the patient was unable to pursue land-based therapy. Previous treatment notes of 03/29/2013 indicate that the patient was being treated at that time with an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy Section..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section 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." The medical records at this time do not provide a rationale as to why this patient requires aquatic rather than land-based therapy, particularly given that the records indicate the patient previously was transitioned to an independent home rehabilitation program. Therefore, the records and guidelines do not support this request. This request is not medically necessary.