

Case Number:	CM13-0031422		
Date Assigned:	12/04/2013	Date of Injury:	09/05/2008
Decision Date:	01/10/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/03/2013

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 Internal Medicine, has a subspecialty in Oncology and is licensed to practice in Texas. 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.

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 patient is a 55-year-old female who reported an injury on 09/15/2008. The patient is currently diagnosed with lumbosacral radiculopathy, knee tendonitis and bursitis, ankle tendonitis and bursitis, generalized pain, and hip tendonitis and bursitis. The patient was recently seen by [REDACTED] on 08/21/2013. The patient complained of continued lower back pain with radiation to the left lower extremity causing numbness and weakness. The patient is status post revision arthrodesis with hardware removal. Physical examination revealed spasm, tenderness, and guarding noted in the paravertebral musculature of the lumbar spine with decreased range of motion. There was also tenderness over the occiput noted. Treatment recommendations included 10 sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy for the lumbar spine times ten (1) sessions: Overturned

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

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

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended

where reduced weight bearing is desirable, for example, extreme obesity. It is noted that the patient has previously been treated with physical therapy. The patient is status post-surgical intervention to the lumbar spine. Given the patient's multiple symptoms, aquatic therapy can be determined as medically appropriate to assist with slow transition into other physical therapy. Therefore, the request is certified.