

Case Number:	CM13-0033206		
Date Assigned:	12/06/2013	Date of Injury:	03/18/2010
Decision Date:	03/20/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/09/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 patient is 33-year-old male who reported injury on 03/18/2010. The mechanism of injury was noted to be the patient experienced back pain while lifting trash bags into a dumpster. The patient was noted to have undergone 20 sessions of aqua therapy. The most recent physical examination revealed the patient had subjective tenderness to palpation and spasms on the left side of the lumbar musculature. Lateral bending was limited to 15 degrees in either direction. The patient had a left-sided foot drop. Motor examination of the lower extremity revealed weakness on the left leg compared to the right. Sensory examination was normal to light touch. The request was made for further aquatic therapy 2 times a week for 6 weeks. The patient's diagnosis was noted to be lumbosacral neuritis, NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical medicine Page(s): s 22; 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. The clinical documentation submitted for review indicated the patient had previous treatment of 20 sessions of aquatic therapy and there was a lack of documented objective functional benefit received from prior treatment. There was a lack of documentation indicating the patient had a necessity for reduced weight bearing. For these reasons, the request for aquatic based physical therapy 2 times a week for 6 weeks is not medically necessary and appropriate.