MAXIMUS Federal Services

Case Number:	CM13-0035639		
Date Assigned:	12/13/2013	Date of Injury:	07/24/2012
Decision Date:	02/25/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/17/2013

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, Pulmonary Diseases 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 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 a 22-year-old female who reported a work related injury on 07/24/2012, as the result of strain to the lumbar spine. The patient currently presents for treatment of the following diagnoses, lumbar sprain and strain, and sciatica. The clinical note dated 11/21/2013 reports the patient was seen under the care of [redacted] chiropractor. The provider documents the patient reports low back pain and left lower extremity pain persists. The provider documents the patient reports limited improvement with continuing prescribed core stabilization exercises. The provider documented upon physical exam of the patient, straight leg raise was positive on the left, strength were active and sensation was intact to the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's course of treatment as far a supervised therapeutic interventions, duration, frequency, and efficacy of treatment. In addition, the current request does not indicate duration or frequency of aquatic therapy having been requested. The patient is status post a work related injury of over a year and a half's time. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated as California MTUS indicates to allow for a fading of treatment frequency from up to 3 visits a week to 1 or less. Given all of the above, the request for aqua therapy is not medically necessary or appropriate.