

Case Number:	CM13-0036332		
Date Assigned:	12/13/2013	Date of Injury:	01/18/2010
Decision Date:	02/13/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 California. He 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 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 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 46-year-old male who reported an injury on 01/18/2010. The mechanism of injury was not provided. The patient was noted to have pain of a 7/10. The patient's gait was noted to be forward flexed at the lumbar spine and slow and deliberate. The patient's diagnoses were noted to include low back pain and facet mediated pain with arthroplasty as well as nonverifiable radicular complaints. The request was made for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 outpatient aqua therapy to the lumbar spine, 2x4 weeks for joint mobilization, modalities, myofascial release, range of motion and therapeutic exercises: 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 Page(s): 22.

Decision rationale: California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The clinical documentation submitted for review failed to support the necessity for the requested therapy. There was a lack of documentation indicating the patient had a necessity for

reduced weight bearing. Given the above, the request for 8 outpatient aqua therapy to the lumbar spine, 2 times a week for 4 weeks for joint mobilization, modalities, myofascial release, range of motion and therapeutic exercises is not medically necessary.