

Case Number:	CM13-0042024		
Date Assigned:	12/20/2013	Date of Injury:	10/01/2005
Decision Date:	02/12/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/16/2013

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, has a subspecialty in Interventional Spine 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:

This is a 43 year-old male with a 10/1/05 industrial injury claim. He has been diagnosed with lumbosacral radiculopathy; status post lumbar spine surgery with adequate recuperation. The IMR application shows a dispute with the 9/27/13 UR decision. The 9/28/13 UR decision was by [REDACTED] and was for non-certification for aquatic therapy x24 sessions between 8/22/13 and 11/24/13. UR based their decision on a 9/3/13 report from [REDACTED]. Unfortunately, the 9/3/13 report was not provided in the 518 pages of records provided for this IMR. The 8/22/13 report from [REDACTED] requests 24 sessions of aquatic therapy. There was an 8/28/13 report from [REDACTED] that requested 12 sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

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

Decision rationale: According to the 2/11/13 report, the patient is 6'0", 278 lbs. and has difficulty with ambulation, sitting and standing. The more recent reports request aquatic therapy between 12 and 24 sessions. MTUS recommends aquatic therapy, stating: "specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." Then from the Physical Medicine section of MTUS, 8-10 visits are recommended for various and unspecified myalgias and neuralgias including radiculitis. The request for 12 sessions of aquatic therapy will exceed the MTUS recommendations. The request is not in accordance with MTUS guidelines