

Case Number:	CM13-0043201		
Date Assigned:	12/27/2013	Date of Injury:	10/16/1996
Decision Date:	03/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 67-year-old female who reported an injury on 10/16/1996. The patient is currently diagnosed with retained symptomatic lumbar spine hardware with bilateral lower extremity radiculitis, status post lumbar L5-S1 arthrodesis with L4-5 segmental instability and junctional pathology, severe cervical discopathy with radiculitis, and bilateral carpal tunnel syndrome. The patient was seen by [REDACTED] on 09/11/2013. The patient reported ongoing symptomatology in the cervical and lumbar spine. Physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm, positive axial loading compression test and positive Spurling's maneuver, painful and restricted cervical range of motion, tenderness from the mid to distal lumbar segments, guarded and restricted range of motion, tenderness at the L4-5 dermatome, and positive seated nerve root tests. Treatment recommendations included aquatic therapy twice per week for 13 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy two (2) times a week for thirteen (13) weeks (QTY 26): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. As per the clinical documentation submitted, the patient has previously participated in aquatic therapy. However, documentation of the previous course with total treatment duration and efficacy was not provided for review. Additionally, the current request for aquatic therapy twice per week for 13 weeks is excessive in nature and exceeds guideline recommendations for physical medicine treatment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified