

Case Number:	CM13-0045464		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2013
Decision Date:	03/07/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 reported an injury on 06/18/2013. The patient is currently diagnosed with a resolved left thigh contusion, resolved right elbow abrasion and persistent lower back strain. The patient was seen by [REDACTED] on 10/03/2013. The patient reported ongoing lower back pain. Physical examination revealed tenderness to palpation with decreased range of motion. Treatment recommendations included the continuation of current medication and authorization for physical therapy and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x 6, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. As per the documentation submitted, the patient

demonstrated tenderness to palpation with decreased range of motion. Documentation of a significant musculoskeletal or neurological deficit was not provided. The patient's physical examination also revealed normal motor strength and sensory examination. There is no indication of the need for reduced weight bearing as opposed to land-based physical therapy. Additionally, the current request for 12 sessions of aquatic therapy exceeds the guideline recommendations for a total duration of treatment for physical medicine. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.