

Case Number:	CM13-0047573		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2007
Decision Date:	02/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 is a 57-year-old female who reported injury on 06/25/2007. The mechanism of injury was not provided. The patient was noted to have treatment for chronic low back pain by aqua therapy. The patient indicated that aqua therapy had been tried before and was quite helpful for lowering the severity of the low back pain. The patient's diagnoses were noted to include radiculopathy of the lumbar spine, trochanteric bursitis, failed back syndrome of the lumbar spine, fibromyalgia/myositis, and degenerative disc disease of the lumbar spine. The request was made for 16 sessions of aquatic therapy and development of a safe home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy x 16 lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is

desirable. Clinical documentation submitted for review failed to provide the functional benefit received from the prior therapy. Additionally, there was a lack of documentation indicating the quantity of sessions that had previously been participated in. There was a lack of documentation indicating the patient had a necessity for reduced weight bearing. Given the above and the lack of documentation of an objective physical examination, the request for aquatic therapy x16 lumbar is not medically necessary.