

Case Number:	CM13-0052927		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2005
Decision Date:	03/12/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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:

This is a 41-year old female with a history of injury on 8/01/05. The mechanism of initial injury is not disclosed, however; the patient is permanent and stationary and has been treated by a PM&R specialist for chronic symptoms associated with diagnoses of lumbar radiculopathy, first MCP dislocation, right wrist internal derangement and right common extensor tendon rupture. Aquatic therapy has been requested multiple times for the lumbar spine; however, there is no report of new injury or acute flare, only ongoing chronic symptoms. On the 7/30/13 report, the doctor notes that a course of aquatic therapy was authorized, but the patient did not do it, and extension was requested. The most recent exam on 12/04/13 shows that the patient has muscle spasm, tender points and reduced ROM. Motor strength, sensation and reflexes are normal. SLR is positive on the right. This has been submitted to Utilization Review on 12/18/13, 11/01/13, and 10/13/13. Each time, the request was not recommended for certification, as there was no clear justification for therapy in a reduced weight-bearing environment.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for additional aqua therapy to the lumbar 3 x 4: 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.

Decision rationale: This is a patient who is permanent and stationary and has been receiving ongoing care for chronic symptoms affecting the lumbar spine and upper extremity. Aquatic therapy has been requested for the lumbar spine. While guidelines do support aquatic therapy as an optional form of exercise therapy, it is specifically recommended when reduced weight bearing is desirable. For this 2005 injury, there is no report of acute flare, new injury or new impairments. There is no documented narrative that explains why a reduced weight-bearing environment is being requested or medically necessary. There are no clinical details that support initiation of aquatic therapy for the lumbar spine versus doing a self-managed home exercise program at this juncture. Medical necessity for 12 sessions of aqua therapy is not established.