

Case Number:	CM13-0054183		
Date Assigned:	12/30/2013	Date of Injury:	03/02/1984
Decision Date:	03/24/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 New York and Texas. 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 58-year-old male who reported injury on 03/02/1984. The mechanism of injury was noted to be the patient injured their back while picking up a woodland blank. The clinical documentation submitted for review dated 09/12/2013 revealed the patient could only walk 1 block and some of the days could only walk half a block. The patient's weight was noted to be 302 pounds. The CT of the lumbar spine without contrast on 03/28/2013 revealed the patient had significant L4-5 severe spinal stenosis with broad based disc protrusion and posterior calcification at the disc space. The patient's diagnosis was noted to be severe spinal stenosis and chronic low back pain. The request was made for 18 visits of pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 pool therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section, Physical Medicine Section 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. The guidelines indicate the treatment for myalgia and myositis is 9-10 visits and for neuralgia, neuritis, and radiculitis, it is 8-10 visits. While the patient was noted to be 302 pounds, there was a lack of documentation of a necessity for reduced weight bearing. Additionally, the request for 18 visits would be excessive. The request as submitted failed to indicate the body part the aquatic therapy was for. Given the above, the request for 18 visits of pool therapy is not medically necessary.