MAXIMUS Federal Services

Case Number:	CM13-0054759		
Date Assigned:	12/30/2013	Date of Injury:	12/08/2011
Decision Date:	05/30/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 30 year old male who was injured on 12/08/2011. The patient was involved in an industrial incident. The mechanism of injury is unknown. Prior treatment history has included aquatic therapy. Rehabilitation note dated 09/18/2013 states the patient reports he feels as though the spine is returning back to normal. Objective findings on exam revealed range of motion of the lumbar spine within normal limits. He has pain with extension on the right; Hip range of motion exhibits IR/ER on the left to 24/40 degrees; right 25/25 degrees. He has positive straight leg raise, right greater than left. There is mild tenderness to palpation of the right lower lumbar paraspinals. There is decreased reactivity (1/3) on the right, L4-S1 UPA's. Motor strength is 5/5 bilateral lower extremity myotomes, fair transverse abdominus contraction, and full squat ability. Range of motion and lower extremity strength findings are within normal limits. There is mild pain noted upon compression of the right lumbar spine. He displays hip range of motion deficits. Office noted dated 11/12/2013 states the patient has complaints of right hip pain, which sometimes felt like it would give out or tear. Objective findings on exam revealed lumbar range of motion within normal limits; mild pain with extension; hip internal rotation at 25 degrees and external at 40 degrees on the left and internal and external rotation at 25 degrees on the right. There was positive straight leg raise on the left, tenderness to palpation over the right lower lumbar paraspinals and normal strength with manual muscle tests. The patient did not demonstrate guarding or restriction of his lumbar spine when performing activities. Diagnoses are sciatica, lumbar spinal stenosis, displacement of disc, and lumbar strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPEUTIC PROCEDURE 1 OR MORE AREAS, EACH 15 MINUTES: AQUATIC THERAPY WITH THERAPEUTIC EXERCISES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY, PHYSICAL MEDICINE.

Decision rationale: This is a request for additional aquatic therapy for a 30 year old male with complaints of chronic low back pain from a 12/08/11 injury. The patient has reportedly had at least 28 aquatic therapy visits, in excess of guideline recommendations, and was recommended for additional land-based therapy going forward. History, physical, and diagnostics do not support additional physical medicine visits in excess of guideline recommendations. Further, the need for aquatic therapy is not established in the available medical records. Medical necessity for additional aquatic therapy is not established.