

Case Number:	CM13-0054992		
Date Assigned:	12/30/2013	Date of Injury:	08/10/2012
Decision Date:	03/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 23-year-old female who reported an injury on 08/10/2012. The mechanism of injury was not specifically stated. The patient is currently diagnosed lumbar degenerative disc disease and pain in the lumbar spine. The patient was seen by [REDACTED] on 09/09/2013. The patient reported persistent lower back pain. Physical examination was not provided. Treatment recommendations included aquatic therapy for weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy x 6 visits: Upheld

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

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

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land-based physical therapy. As per the documentation submitted, there was no physical examination provided on the requesting date of 09/09/2013. A previous examination by [REDACTED] was documented on 08/09/2013. Although the patient does demonstrate decreased range of motion, decreased

sensation, and tenderness to palpation, there is no indication of the need for reduced weight-bearing as opposed to land-based physical therapy. Additionally, the current request for aquatic therapy was recommended to assist in weight loss. However, there are no guideline recommendations regarding aquatic therapy for weight loss. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.