

Case Number:	CM13-0055014		
Date Assigned:	12/30/2013	Date of Injury:	10/30/2001
Decision Date:	03/24/2014	UR Denial Date:	11/18/2013
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 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 49-year-old female who reported an injury on 10/30/2001. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbar spondylosis, lumbar degenerative disc disease, spinal stenosis, radiculopathy, muscle spasm, and myalgia/myositis. The patient was seen by [REDACTED] on 08/09/2013. The patient reported persistent lower back pain with radiation to bilateral lower extremities. The physical examination revealed normal findings. The treatment recommendations included aquatic therapy for 3 months at the [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy: Upheld

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

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

Decision rationale: The 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 evidence of a musculoskeletal or neurological deficit upon physical examination. Additionally, documentation of a previous

course of aquatic therapy with treatment duration and efficacy was not provided. There is no indication that this patient requires reduced weight bearing, as opposed to land-based physical therapy. Based in the clinical information received, the request is non-certified.