

Case Number:	CM13-0056727		
Date Assigned:	04/30/2014	Date of Injury:	12/06/2005
Decision Date:	07/08/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 injured worker is a 59-year old male who reported an injury on 12/06/2005, due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to the lumbar spine which resulted in L2-3 decompression on 01/13/2013. The injured worker also underwent C6-7 fusion without hardware in 1989. The injured worker's treatment history included acupuncture, chiropractic care, aquatic therapy, and epidural steroid injections. Injured worker was evaluated on 10/18/2013. Physical findings included positive facet loading of the cervical spine but decreased sensation in the C6 dermatomal distribution on the left side and decreased sensation in the left-sided L3-4 dermatomes. The injured workers diagnoses included status post C6-7 fusion, pseudoarthrosis at the C6-C7, myelopathy, multilevel disc herniations, status post microlumbar decompressive surgery, multilevel disc herniations of the thoracic and lumbar spine. The injured worker's treatment plan included a supervised weight loss program, 8 visits of water therapy, and a pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATHERAPY: Upheld

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

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

Decision rationale: The requested aquatic therapy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends aquatic therapy for injured workers who require a non-weight bearing environment while participating in active therapy and are unable to tolerate land-based therapy. The clinical documentation submitted for review does not provide any evidence that the injured worker is unable to tolerate land-based therapy and requires non-weight bearing environment. Additionally, the request as it is submitted does not specifically identify duration of treatment or body part. Therefore, the appropriateness of the request itself cannot be determined. Therefore, the request for aquatic therapy is not medically necessary or appropriate.