

Case Number:	CM13-0057366		
Date Assigned:	12/30/2013	Date of Injury:	08/17/2009
Decision Date:	04/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/25/2013

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 Family Practice and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 56-year-old male who reported an injury on 08/17/2009. The mechanism of injury was not specifically stated. The patient is diagnosed with history of cervical myelopathy, history of healed avulsion fractures of bilateral triquetrum, L5-S1 disc protrusion with right lumbar radiculitis, and symptoms of hypotension, weakness, and failure to thrive. The patient was recently seen by [REDACTED] on 10/22/2013. The patient was 3 months status post hemilaminectomy and micro discectomy to the lumbar region. Physical examination revealed an improved gait, mild pain with straight leg raising, and mild hypoesthesia in the right L5 dermatome. Treatment recommendations included continuation of current medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (aqua therapy): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, the patient has previously participated in a course of physical therapy. However, documentation of the previous course was not provided for review. The patient's physical examination does not reveal significant musculoskeletal or neurological deficit that would warrant the need for ongoing treatment. Additionally, there is no indication of the need for reduced weight bearing as opposed to land-based physical therapy. Based on the clinical information received, the request for additional physical therapy (aqua therapy) is non-certified.