

Case Number:	CM13-0065589		
Date Assigned:	01/03/2014	Date of Injury:	06/21/2011
Decision Date:	04/15/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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 50-year-old male who reported an injury on 06/21/2011 due to a laceration on his left leg caused by a piece of sheet metal. The patient also received a low back injury while carrying that sheet metal. The patient's treatment history included surgical repair of the left anterior tendon, home exercise program, work restrictions, lumbar epidural steroid injections, activity modifications, and medications. The patient's most recent clinical evaluation dated 11/11/2013 noted that the patient had 7/10 pain that was described as constant and unchanging. Physical findings included decreased range of motion of the lumbar spine with tenderness to palpation of the paravertebral musculature and motor strength rated at a 4/5. The patient's diagnoses included lumbar bilateral disc herniation with myelopathy, bilateral lumbar myalgia, bilateral lumbar myospasm, and left lumbar neuritis. A request was made for aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 8 SESSIONS OF AQUATIC THERAPY BETWEEN 11/25/2013 AND 1/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Aquatic Therapy.

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

Decision rationale: California Medical Treatment Utilization Schedule recommends aquatic therapy for patients who require a non-weight-bearing environment while participating in active therapy. The clinical documentation submitted for review does indicate that the patient currently participates in a land-based home exercise program. There was no justification provided by the treating physician for the need for a non-weight-bearing environment. As such, the prospective request for 8 sessions of aquatic therapy between 11/25/2013 and 1/9/2014 is not medically necessary or appropriate.