

Case Number:	CM13-0067833		
Date Assigned:	01/03/2014	Date of Injury:	06/13/1997
Decision Date:	04/22/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 patient is a 64-year-old female who reported injury on 06/13/1997. The mechanism of injury was not provided. The clinical documentation submitted for review indicated there were 3 requests for aquatic therapy with the most recent one being on 12/04/2013. The accompanying physical examination dated 11/22/2013 revealed the patient had low back pain and lumbar complaints. The patient indicated back extension worsened the back pain. The physician opined the patient required aquatic therapy. The patient's diagnoses included lumbar disc herniation and facet syndrome. The 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:

AQUATIC THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: 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 Aquatic Therapy, Physical Medicine Page(s): 22, 98, 99.

Decision rationale: California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits. The

patient's injury was noted to be in 1997. The clinical documentation submitted for review indicated that the patient had back pain. There were 2 prior requests for aquatic therapy. There was lack of documentation indicating whether the patient had participated in aquatic therapy. There was a lack of documentation indicating the prior conservative treatments had received. There was a lack of documentation indicating the patient had a necessity for reduced weight-bearing. The request as submitted failed to indicate the body part the aquatic therapy was requested for. Given the above, the request for aquatic therapy 12 sessions 2x6 weeks is not medically necessary.