

Case Number:	CM13-0068463		
Date Assigned:	01/03/2014	Date of Injury:	03/29/1999
Decision Date:	06/10/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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 reported an injury on 03/29/1999 after she stepped down off of a curb and twisted her right ankle. The injured worker's treatment history included multiple medications and an intensive inpatient therapy for approximately 4 months. The injured worker was evaluated on 11/13/2013. Physical findings included tenderness to palpation of the low back with limited range of motion and tenderness to the sacroiliac joint. The injured worker had disturbed sensation in the L4-5 dermatomal distributions. The injured worker's diagnoses included lumbar or lumbosacral intervertebral disc displacement. The injured worker's treatment plan included continuation of medications, aquatic therapy, a back brace, acupuncture, and epidural steroid injections. The requested aquatic therapy twice a week for 4 weeks for the lumbar spine is not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE: 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 Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule recommends aquatic therapy for injured workers who require a non weight bearing environment to participate in active therapy. The clinical documentation submitted for review does not support that the injured worker requires a non weight bearing environment while participating in active therapy. There are no factors to preclude progress of the patient while participating in land-based therapy. Therefore, the request for aquatic therapy twice a week for 4 weeks for the lumbar spine is not medically necessary or appropriate.