

Case Number:	CM13-0068774		
Date Assigned:	01/03/2014	Date of Injury:	09/10/2012
Decision Date:	05/28/2014	UR Denial Date:	12/02/2013
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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is an 85-year-old male with a date of injury of 09/10/2012. Eighty-five pages of reports were provided for this review. Progress reports dated 02/08/2013, 03/29/2013, 05/03/2013, and 06/14/2014 reports were only provided for this review. There is an MRI report from 12/26/2013 that showed left foraminal disk bulge at L5-S1 measuring 1 mm with disk desiccation at this level only. Review of 06/14/2013 report lists diagnoses of lumbosacral neuritis, lumbar disk displacement, and carpal tunnel syndrome. Presenting symptoms are "lower back, feet, ankle, and legs." This report is handwritten. This report recommends acupuncture 2 times a week for 4 weeks, continue home exercise program with medications, the patient was also instructed to see his private physician regarding pitting edema of the legs. It states "continue working" under work status. None of the reports contained the request for aquatic therapy. The Utilization Review letter is dated 12/02/2013. This report references 11/22/2013 progress report containing the request. There was a telephone conversation between the utilization reviewer and the physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY FOR THE LUMBAR SPINE (8 SESSIONS): Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. There is a request for aquatic therapy, 10 sessions. Review of the reports show progress reports up to 06/14/2013 and report from 11/22/2013 containing the request is not provided for this review. Information is obtained from Utilization Review dated 12/02/2013 where a conversation took place between the treating physician and the utilization reviewer. Key information was that the treating physician does not provide the patient's weight or BMI, and that the treating physician did not know the patient's treatment history and that the request was to attempt to provide some pain relief. MTUS Guidelines provide discussion regarding aquatic therapy stating that it is indicated where reduction of weight bearing is desired such as extreme obesity. In this request, there is no documentation of extreme obesity. There is no documentation of the patient having recently had surgery requiring reduced weight bearing during exercises. There is no indication that pool therapy exercise is required for this patient's pain treatment and there is no explanation as to why the patient cannot perform necessary exercises at home. There are no documentations of new injury, significant change in the patient's clinical presentation or pain and symptoms to warrant formalized therapy. Recommendation is for denial.