MAXIMUS Federal Services

Case Number:	CM13-0070389		
Date Assigned:	01/03/2014	Date of Injury:	03/10/2005
Decision Date:	09/09/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 Pain Management 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 is a 63-year-old male with a 3-10-2005 date of injury, when was moving a patient to a gurney and popped her back. 12/9/13 determination was non-certified given no documentation of intolerance to land based therapy and non-applicability to a prescribed and self-administered program. 12/3/13 progress report identified increased pain due to absent analgesics. There was decreased quality of life. Diagnoses included mechanical back pain. 10/1/13 progress report identified 24/7 low back pain rated 8/10 with decreased in ADLs. Patient was tearful. 9/2/13 supplemental report by Dr. [redacted] identified that an aerobic swimming program would be useful since, in the physician's opinion, the patient could not tolerate a land program. Diagnoses include mechanical back pain. Treatment to date includes medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

WATER AEROBICS PROGRAM FOR 2 MONTHS FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. The patient was recommneded for a swimming program. There was an AME supplemental report provided which indicated that the patient could not attend a land program. However, the reasons for which the patient was unable to participate in a land program were not provided. There was also no indication if the patient had recently participated in a therapy program. Considering the patient's pain and functional deficits, a short course of aquatic therapy could have been appropriate to delineate improvement and assess if further sessions would be of help. However, given inability to provide a modified certification, considering the length of time requested for the program, and absent documentation that the requested program would be supervised by medical professionals, the requested water aerobics program was not medically necessary.