

Case Number:	CM13-0070875		
Date Assigned:	01/08/2014	Date of Injury:	01/08/2013
Decision Date:	04/30/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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, has a subspecialty in Sports Medicine 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 23-year-old male who reported an injury on 01/08/2013 after a motor vehicle accident. The patient reportedly sustained an injury to the low back. The patient was treated conservatively with physical therapy, chiropractic treatment, oral medications, activity modification, and a home exercise program. The patient's most recent clinical evaluation documented the patient had ongoing pain complaints rated at a 3/10 to 6/10. Physical findings included tenderness to palpation of the lumbar paravertebral musculature with notable spasms and a positive straight leg raising test bilaterally causing back pain. The patient's diagnoses included lumbar musculoligamentous injury, lumbar muscle spasms, lumbar disc protrusion, and a psycho component. The patient's treatment plan included use of a back brace, an epidural steroid injection, aquatic therapy, and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Aquatic Therapy Page(s): 98-99 and 22.

Decision rationale: The requested aquatic therapy 12 sessions is not medically necessary or appropriate. 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 not provide any evidence that the patient cannot participate in land-based therapy and requires a non-weight bearing environment. Additionally, California Medical Treatment Utilization Schedule recommends 8 to 10 visits of physical therapy for this type of injury. The requested 12 sessions exceeds this recommendation. As such, the requested aquatic therapy 12 sessions is not medically necessary or appropriate.