

Case Number:	CM14-0000378		
Date Assigned:	01/17/2014	Date of Injury:	03/20/2012
Decision Date:	04/29/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine, 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 54 year old female patient with a 3/20/12 date of injury. The 12/18/13 note states that the patient had facet injections L3-4 L4-5 and L5-S1 which provided 50% improvement. She has improved motion, strength, and flexibility. There is less pain over the multifidus muscle and facets. 12/3/13 note states that she is post radiofrequency denervation and facet joints provided remarkable pain relief. 10/16/13 note states that plan is to continue PT. There is documentation of a 12/30/13 adverse determination based on the fact that intolerance to land based therapy has not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL SIX (6) SESSIONS OF AQUA THERAPY: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Guidelines states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of

gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is no description that the patient has failed land based therapy. There is no evidence of an indication that would necessitate aquatic therapy. Response to previous therapy is not documented. The request is not medically necessary.