

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0001432 | | |
| Date Assigned: | 04/30/2014 | Date of Injury: | 08/28/2002 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 12/24/2013 |
| Priority: | Standard | Application Received: | 01/03/2014 |

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 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:

The patient is a 43-year-old female with a date of injury of 8/28/02. The listed diagnoses per [REDACTED] are lumbar degenerative disk disease, depression, diabetes, and asthma. According to the report dated 12/4/13 by [REDACTED], the patient continues to have significant back pain. She was evaluated by a spine surgeon who did not recommend surgical treatment at that time. It was recommended that the patient focus on water aerobics, weight loss, and general pain control. Examination revealed pain across the lumbosacral junction. The patient has difficulty fully standing without flexing and weight bearing with a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC WATER THERAPY/WATER AEROBICS TWICE A WEEK FOR THREE WEEKS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,98-99.

Decision rationale: The MTUS Guidelines recommend aquatic therapy as an option for physical therapy in patients that could benefit from decreased weight bearing, such as in the case of extreme obesity. The MTUS recommends 9-10 sessions for various myalgia, myositis, and neuralgia-type symptoms. In this case, progress reports from 3/7/13 to 12/4/13 indicate that the patient is participating in water based physical therapy. The number of sessions received to date and the outcome in terms of any functional improvement are not provided in any of the records. Given the patient's weight and instability, aquatic therapy may be beneficial, but the treating physician does not discuss any benefits from prior therapy. Furthermore, the treating physician is requesting treatment for far longer than what the MTUS recommends. As such, the request is not medically necessary.