

Case Number:	CM14-0005387		
Date Assigned:	01/24/2014	Date of Injury:	04/11/2012
Decision Date:	06/27/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/15/2014

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 41-year-old female with a 4/11/12 date of injury. She is a [REDACTED] who slipped and fell while at work, injuring her back and buttock. She is not currently working. An office visit note on 12/2/13 indicated the patient has low back pain, depression, and anxiety. She continues to gain weight due to lack of activity. Physical therapy has instructed her in pelvic tilts and she has experienced a 50% reduction in pain due to this. Diagnostic Impression: Lumbar Strain. Treatment to date: physical therapy, psychotherapy, medication management. A UR decision dated 12/19/13 denied the request for aquatic therapy since it not clear why the patient cannot tolerate physical therapy as opposed to regular land-based therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC PHYSICAL THERAPY QTY: TWELVE (12): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 90-91. Decision based on Non-MTUS Citation MTUS: Occupational Medical Practice Guidelines (OMPG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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. However, there is no clear documentation that the patient has failed land-based therapy. In fact, she is noted to have improved from physical therapy, which instructed her on pelvic tilts. CA MTUS only supports aquatic therapy in situations where the patient is completely unable to tolerate traditional physical therapy. There is no clear indication that this is the case for this patient. This request, as submitted, is not medically necessary.