

Case Number:	CM14-0005773		
Date Assigned:	02/12/2014	Date of Injury:	03/08/2011
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 22-year-old female who reported an injury on 02/21/2011. The clinical note dated 12/16/2013 reported the injured worker complained of intermittent pain in her lower back, which radiates to her right thigh with numbness and tingling. The injured worker also complained of intermittent weakness and giving away of her bilateral lower extremities. The physical exam noted tenderness to the lumbar spine to palpation over the right paraspinal, along with limited range of motion. The provider noted a healed surgical scar in the lumbar region consistent with microdiscectomy. The injured worker also had a positive straight leg raise in the right lower extremity. The injured worker was advised to continue home exercise program, including the application of heat to improve her physical condition. The provider requested aquatic therapy twice a week for four weeks for strengthening and flexibility of the lumbar spine. The request for authorization was provided and dated 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY X8 VISITS, LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The injured worker complained of intermittent pain in her lower back, which radiates to her right thigh with numbness and tingling. The injured worker also complained of intermittent weakness and giving away of her bilateral lower extremities. The California MTUS guidelines recommend aquatic therapy 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. The MTUS guidelines also note for myalgia and neuralgia 8-10 visits. There is no clinical documentation indicating the injured worker had obesity issues which would indicate the medical necessity of minimizing the effects of gravity. Therefore, the request for aquatic therapy x8 visits, lumbar is non-certified.