

Case Number:	CM14-0007897		
Date Assigned:	02/07/2014	Date of Injury:	12/11/2012
Decision Date:	06/23/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/17/2014

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 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:

According to the records made available for review, this is a 39-year-old male with a 12/11/12 date of injury and L4-5, L5-S1 microscopic hemi semi-laminectomy, medial facetectomy on 12/9/13. At the time (1/2/14) of the Decision for daily swimming in a heated pool, there is documentation of subjective finding of no longer having any major discomfort and objective findings of clean and dry wound, straight leg raise is negative, and neurologically intact. The current diagnosis is herniated disc and treatment to date is surgery. There is no documentation that reduced weight bearing is desirable such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing and a time-limited treatment plan with clearly defined functional goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

DAILY SWIMMING IN A HEATED POOL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE ,CHRONIC PAIN MEDICAL

TREATMENT GUIDELINES , PAIN, SUFFERING, AND THE RESTORATION OF FUNCTION,AQUATIC THERAPY, 114,22

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). California MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. California MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 10 visits over 8 weeks in the management of intervertebral disc disorders. Within the medical information available for review, there is documentation of a diagnosis of herniated disc. However, there is no documentation that reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, there is no documentation of a time-limited treatment plan with clearly defined functional goals. Therefore, based on guidelines and a review of the evidence, the request for daily swimming in a heated pool is not medically necessary.