

Case Number:	CM14-0008310		
Date Assigned:	02/07/2014	Date of Injury:	01/18/2006
Decision Date:	06/23/2014	UR Denial Date:	01/03/2014
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 and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 35-year-old male who reported an injury on 01/18/2006. The mechanism of injury was not provided for review. The injured worker's treatment history included lumbar laminectomy and discectomy, physical therapy, aquatic therapy, activity modifications. The injured worker was evaluated on 12/19/2013. It was documented that the injured worker had previously benefited from aquatic therapy. Physical findings included normal range of motion with no significant tenderness or motor strength deficits. The injured worker's diagnoses included lumbar radiculopathy. The injured worker's treatment plan included an MRI of the lumbar spine and aquatic therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY/EXERCISES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: LOW BACK, AQUATIC THERAPY,

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

Decision rationale: California Medical Treatment Utilization Schedule recommends aquatic therapy for injured workers who require a non weight bearing environment while participating in

active therapy. The clinical documentation submitted for review does not provide any evidence of comorbidities or current injuries that would require a non weight bearing environment. Additionally, the clinical documentation does not provide any functional deficits that would support the need for a non weight bearing environment. Furthermore, the request as it is submitted does not specifically identify a duration of treatment or body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested aquatic therapy exercises are not medically necessary or appropriate.