

Case Number:	CM14-0108134		
Date Assigned:	09/16/2014	Date of Injury:	12/10/2009
Decision Date:	10/24/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 Pain 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:

The records presented for review indicate that this 49 year-old female was reportedly injured on 12/10/2009. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated 6/16/2014, indicates that there were ongoing complaints of neck pain, shoulder pain, hand pain, upper and lower back pain, lower extremity and feet pain. The physical examination demonstrated: patient ambulates with a single point cane, slightly antalgic. Lumbar spine range of motion 50% of normal. No recent diagnostic studies were available for review. Previous treatment includes lumbar surgery, physical therapy, medications, a cane, and conservative treatment. A request had been made for aquatic therapy for the lumbar spine two times a week for six weeks, and was not certified in the pre-authorization process on 7/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Aqua therapy 2x/week x 6 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy & Physical Medicine Page(s): 22 & 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22.

Decision rationale: The MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records fails to document why the claimant is unable to participate in land-based physical therapy. As such, the request is not considered medically necessary.