

Case Number:	CM14-0012164		
Date Assigned:	02/21/2014	Date of Injury:	01/06/2009
Decision Date:	08/06/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/30/2014

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 has a subspecialty in Pain 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 37 year old male whose date of injury is 01/06/2009. The mechanism of injury is described as cumulative trauma. Treatment to date is noted to include interlaminar laminotomy and decompression at L2-3 and L5-S1 on 09/19/12, physical therapy, right sided L2-3 laminotomy on 03/06/13, and aquatic therapy. The injured worker has completed at least twelve postoperative aquatic therapy visits since most recent surgical intervention. MRI of the left knee dated 11/03/13 is an unremarkable study. Note dated 11/12/13 indicates that the injured worker has completed postoperative aquatic therapy but continues to complain of significant pain with associated numbness and tingling and weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back: Aquatic therapy.

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

Decision rationale: Based on the clinical information provided, the request for aquatic therapy lumbar is not recommended as medically necessary. The submitted records indicate that the injured worker is status post lumbar surgery x 2 and has completed both postoperative physical therapy and aquatic therapy. CA MTUS Guidelines support aquatic therapy when reduced weight bearing is desirable. It is unclear why reduced weight bearing is desirable for this injured worker. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The frequency and duration of requested treatment is not documented. Therefore, the request for aquatic therapy lumbar is not medically necessary.