

Case Number:	CM14-0015333		
Date Assigned:	02/21/2014	Date of Injury:	02/04/2010
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 Occupational 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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 4, 2010. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; 17 sessions of physical therapy, per the claims administrator; and reported imposition of permanent work restrictions. The patient did apparently return to work at one point in time, with restrictions in place. In a Utilization Review Report dated January 27, 2014, the claims administrator apparently denied a request for eight sessions of aquatic therapy, citing a variety of MTUS and non-MTUS Guidelines, although the MTUS did address the topic. The patient's attorney subsequently appealed. On December 6, 2012, it was stated that the patient was apparently working as a service writer at an automobile dealership. The patient was using Skelaxin, Tramadol, and Lidoderm at that point in time. The patient apparently had a normal gait without usage of an assistive device at that point in time. On October 23, 2013, the patient did reportedly exhibit a bad ache and was reporting heightened pain complaints. The patient had reportedly had 10-12 sessions of physical therapy. The patient was apparently working with minor restrictions, it was stated. The patient was using Flexeril, Tramadol, and Skelaxin at that point in time. The patient exhibited a wide-based and antalgic gait with pain. Authorization for an independent gym program with a personal trainer was sought. Medications were refilled. In a December 2, 2013 physical therapy progress note, it was stated that the patient had made great progress since transition to land-based exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Aquatic Therapy Page(s).

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy should be reserved as an optional form of exercise therapy, in patients in who reduced weight bearing is desirable. In this case, however, it is not clearly stated that reduced weight bearing is desirable here. The patient is able to independently ambulate and there is no evidence of any severe obesity or degenerative joint disease which would compel provision of pool therapy. The patient apparently successfully transitioned to land-based exercise on December 2, 2013. It is unclear why the patient cannot, at this juncture, continue his rehabilitation through self-directed home physical medicine. Therefore, the request for eight sessions of aquatic therapy is not medically necessary.