

Case Number:	CM14-0016547		
Date Assigned:	04/11/2014	Date of Injury:	12/02/1994
Decision Date:	05/28/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/10/2014

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:

The injured worker is a 53-year-old female who reported an injury on 12/02/1994. The mechanism of injury was not provided. The diagnoses included displacement of lumbar intervertebral disc without myelopathy, postlaminectomy syndrome of the lumbar region, other kyphosis and scoliosis and sciatica. The injured worker had an L3-5 fusion. The treatment plan of 12/11/2013 revealed that the injured worker was doing well with aqua therapy, and the physician would recommend advancing to land-based therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN AQUATIC THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Aquatic Therapy Physical Medicine Page(s): 22,98-99.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9- 10 visits. The clinical documentation submitted for review failed

to indicate that the injured worker had a necessity for reduced weightbearing. There was a lack of documentation indicating the quantity of sessions that the injured worker had previously attended. There was a lack of documentation including the injured worker's functional deficits to support the necessity for further aquatic therapy. The request as submitted failed to indicate the quantity of sessions as well as the body part to be treated with the aquatic therapy. There was no DWC form RFA submitted for the request. Given the above, the request for unknown aquatic therapy sessions is not medically necessary.