

Case Number:	CM14-0111829		
Date Assigned:	09/16/2014	Date of Injury:	01/19/2006
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/17/2014

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 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:

Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of chronic low back pain. The recent progress notes do not contain physical examination data. Treatment to date has included pool therapy. The patient had an initial trial of 8 aquatic therapy sessions and then another 12 sessions were certified for a total of 20 sessions. The most recent physical therapy progress note on 6/4/14 did not indicate any further improvements in function. Utilization review from June 19, 2014 denied the request for 12 Aquatic Therapy Sessions because the patient exceeded the number of physical therapy visits suggested for lumbago by the guidelines and the past physical therapy reports did not show any further improvements in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUATIC THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY, PHYSICAL MEDICINE Page(s): 22, 99.

Decision rationale: According to page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. According to the Physical Medicine Guidelines on page 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, the recommended schedule is 8-10 visits over 4 weeks. In this case, the patient already had 20 approved visits of aquatic therapy to date. Treatment plan on 6/4/14 was to provide 12 additional visits but did not indicate further improvements from physical therapy. There is no clear rationale provided to justify the deviation from guideline recommendations. It is unclear why patient cannot transition into a self-directed home exercise program given the extensive number of sessions completed. Therefore, the request for 12 aquatic therapy sessions is not medically necessary.