

Case Number:	CM14-0129600		
Date Assigned:	08/20/2014	Date of Injury:	06/18/1998
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/14/2014

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 and is licensed to practice in Nevada. 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 64 year-old male was reportedly injured on June 18, 1998. The mechanism of injury is noted as a slip and fall type event. The most recent progress note, dated April 27, 2014, indicates that there are ongoing complaints of low back and leg pain. The physical examination demonstrated a decrease in range of motion, tenderness to palpation, muscle spasm and absent reflexes. Diagnostic imaging studies were not discussed in this narrative. Previous treatment includes multiple sessions of aquatic therapy, multiple medications, and other pain management interventions. A request had been made for aquatic therapy and was non-certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Aqua 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 Page(s): 22.

Decision rationale: As outlined in the MTUS, this is recommended as an optional form of exercise therapy as an alternative to land-based programs. Noting that the injured worker has

undergone a course of aquatic therapy, transition to home exercise protocol is supported. Therefore, when noting the date of injury, the injury sustained, treatment, and findings on the most recent physical examination; there is no clear clinical picture presented to suggest the need for formal additional aquatic therapy. Therefore, the medical necessity cannot be established.