

Case Number:	CM14-0135111		
Date Assigned:	10/13/2014	Date of Injury:	01/06/2009
Decision Date:	11/12/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/22/2014

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 reviewer is Board Certified in Family Practice, 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:

This is a 36-year-old male claimant who sustained a work injury on January 6, 2009 involving the neck, low back and knee. He had undergone a lumbar body laminectomy and discectomy in 2013. It was noted in January 2014 that the claimant was undergoing aquatic physical therapy three times a week for a month. He had also completed numerous aquatic therapy visits in 2013. A progress note on May 20, 2014 indicated the claimant had 8/10 back pain with numbness and tingling sensation in the lower extremities. Exam findings were notable for worsening strength and sensory findings in the lower extremities. The subsequent request was made for continuing aquatic therapy for the lumbar and right knee areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy lumbar and right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, aqua therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical

therapy. In this case the claimant, the claimant had undergone over a year aqua therapy. There was no indication that Aqua therapy was replacing land therapy due to inability of completing land therapy. In addition, the claimant had undergone an unknown amount of aqua therapy. The request for additional Aqua Therapy for unknown length of time is not necessary.