

Case Number:	CM14-0138087		
Date Assigned:	09/05/2014	Date of Injury:	08/11/2004
Decision Date:	12/19/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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 Orthopedic Surgery 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:

Claimant is a 54-year-old female with reported industrial injury of August 11, 2004. The patient has a complaint of low back pain. The claimant is status post a lumbar L5-S1 microdiscectomy and laminectomy in January 2005 with artificial disc replacement L3-S1 in February 2006. Exam no from 8/7/2014 demonstrates right greater than left low back and lower extremity pain. Complaint of neck, shoulder and upper extremity pain is reported. Physical exam findings demonstrate decreased grip strength in left upper extremity bilaterally with limited range of motion lumbar spine. The patient is neurocirculatory intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy of low back and neck, quantity: 18,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy & Physical Medicine Page(s): 22, 98-99.

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including

swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, the exam notes from 8/7/14 do not demonstrate prior response to either land or water therapy. Therefore, aquatic therapy visits are not warranted, as there is a lack of functional improvement demonstrated. The request is not medically necessary.