

Case Number:	CM14-0164329		
Date Assigned:	10/09/2014	Date of Injury:	08/04/2013
Decision Date:	11/10/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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 Texas. 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 reflect the claimant is a 51 year old male who sustained a work injury on 8-4-13. The claimant has a diagnosis of lumbar strain, radiculopathy and disc herniation. Office visit on 7-30-14 notes the claimant has moderate low back pain radiating to the left leg with numbness and tingling to toes. He continues symptomatic. On exam, the claimant has paraspinals tenderness, positive SLR, decreased range of motion, unremarkable sensory and motor exam. The claimant has been treated with medications and physical therapy. Physical therapy note n 8-20-14 notes the claimant has been seen two times for 9 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

(18) Sessions of Aquatic Therapy: 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 aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter aquatic therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that 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. Medical Records reflect the claimant has back pain radiating to the left leg. There is an absence in documentation noting that this claimant cannot tolerate a land based/home exercise program or that he requires reduced weight bearing. Therefore, the medical necessity of this request is not established.