

Case Number:	CM14-0173130		
Date Assigned:	10/23/2014	Date of Injury:	09/15/1994
Decision Date:	12/02/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/20/2014

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, has a subspecialty in Pain 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:

The injured worker sustained an original industrial injury on September 15, 1994. The patient has chronic low back pain, left arm pain, numbness and tingling of the hand, the history of stent placement in the left forearm, and chronic pain syndrome. The patient was noted in a progress note on August 14, 2014 to have suffered an acute exacerbation of low back pain. The disputed request is for aquatic therapy. The utilization review determination on September 25, 2014 had noncertified this request. He stated rationale for this denial was that "based on the medical documentation" the worker only has "an exacerbation of his low back pain and a decrease range of motion." It was not felt that structured physical therapy or aquatic therapy was necessary at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aquatic therapy for the lumbar spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/Low Back: Table 2, Summary of recommendations, Low Back Disorders>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. In fact, the patient does not meet criteria for "extreme obesity" and has documentation of a weight of 175 lbs in a progress note on 8/25/14, but the height was not mentioned. There is no mention of any extenuating circumstance that would warrant aquatic therapy. Therefore, this request is not medically necessary.