

Case Number:	CM14-0020451		
Date Assigned:	04/30/2014	Date of Injury:	12/23/2006
Decision Date:	07/08/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/19/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine 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:

The injured worker is a 41 year old male who reported an injury on 12/26/2006 secondary to an unknown mechanism of injury. He has been treated with a TENS unit and medications to include Suboxone and Gabapentin according to the documentation submitted for review. It was noted that the injured worker has also been treated with an unknown duration of land-based physical therapy in the past which caused a "flare up." An MRI of the lumbar spine on 01/03/2014 revealed L3-4 disc protrusion causing mild spinal stenosis and L4-5 disc desiccation. The injured worker was evaluated on 01/16/2014 and reported constant 8/10 low back pain. A request for authorization was submitted on 01/23/2014 for 6 visits of aquatic therapy for the lumbar spine. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY, 6 VISITS, FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back, Aquatic Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AQUATIC THERAPY, page 22.

Decision rationale: California MTUS Guidelines recommend aquatic therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable, for example extreme obesity. The injured worker was noted to have undergone land-based physical therapy in the past. However, there is not sufficient documentation in the medical records that indicate the duration of previous treatment with physical therapy or detailed objective outcomes. There is no BMI documented to indicate extreme obesity, and there are no exceptional factors documented to indicate that the injured worker would not benefit from land-based physical therapy. The legible documentation submitted for review also fails to indicate detailed functional deficits (including limited range of motion values or inability to complete specific activities of daily living) that would warrant physical therapy. Therefore, the request for aquatic therapy, 6 visits, for the lumbar spine is not medically necessary.