

Case Number:	CM14-0023319		
Date Assigned:	06/11/2014	Date of Injury:	07/17/2012
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/25/2014

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 Illinois. 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 57 year old female who reported an injury on 07/17/2012 from lifting a patient. The injured worker had a history of low back pain and right posterior lower extremity, aching pain across the lumbosacral region with numbness in the right buttock, some burning in the left buttock, aching like a toothache or a deep throb in the right posterior thigh, posterior calf and no extremity numbness. Pain is rated between 6-9/10 on VAS scale. Upon examination of the lumbar spine on 09/26/2013 the injured worker's range of motion revealed forward flexion of 10 degree, 12 degree, and 12 degree, extension was 5 degree, 6 degree, and 5 degree. Hip flexion 100 degree bilateral, extension 20 degree on right and 30 degree on left. The injured worker had diagnoses of hypertension, goiter status post-surgical removal with hypothyroidism, arthritis, anxiety, and automobile accident (industrial). Medications included blood pressure medicine, metformin 500mg, levothyroxine, klor-con, ibuprofen 800mg, nortriptyline 60 mg. The injured worker's treatment plan was for 12 physical therapy visits and is doing home exercise program. The injured worker had diagnoses of lumbosacral sprain (right greater than left), lumbar facet syndrome and lumbar degenerative disc disease. Medications are ibuprofen 800mg and nortriptyline 30mg. The request for authorization form was dated 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2 X 3, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22-23, 99.

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

Decision rationale: The request for aquatic therapy 2 x 3 lumbar spine is non-certified. The injured worker has a history of lumbar pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. The guidelines for the duration of sessions included are for 10 sessions. The injured worker has had 12 sessions of physical therapy and a home exercise program. The request for 6 additional sessions would exceed guideline recommendations. In addition, there is no documentation that the injured worker needs to have reduced weight bearing. As such, the request is not medically necessary.