

Case Number:	CM14-0025527		
Date Assigned:	06/13/2014	Date of Injury:	03/30/2010
Decision Date:	07/15/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 55 year-old lady who was reportedly injured on March 30, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 11, 2014 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a decrease in range of motion of the lumbar spine and hip, and tenderness to palpation. Diagnostic imaging studies are referenced but no documents are presented for review. Previous treatment includes lumbar surgery and conservative measures to address the hip (aquatic therapy). A request had been made for additional aquatic therapy and was not certified in the pre-authorization process on February 24, 2014. The records reflect that urine drug screening had been accomplished and a negative study is reported. A work status report dated February 11, 2014 indicated that the injured worker cannot return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUATIC THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22.

Decision rationale: When considering the date of injury, the surgical interventions, the current findings on physical examination and the physical therapy already completed, there is little additional clinical information presented to support the need for aquatic therapy as opposed to land-based physical therapy. Transition to a home exercise protocol emphasizing overall fitness, conditioning and achieving ideal body weight is all that is supported. The parameters for aquatic therapy is not medically necessary.