

Case Number:	CM14-0031887		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2013
Decision Date:	08/12/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 29-year-old male who reported an injury on 02/15/2013. The mechanism of injury was not provided. On 02/12/2014, the injured worker presented with frequent low back pain that is constant, radiating to the left hamstring with numbness, tingling, and weakness. Upon examination, the lumbar range of motion was decreased and painful, with tenderness to lumbar paraspinals and sciatic notches. There was a positive straight leg raise. The range of motion values for the lumbar were 45 degrees of flexion, 20 degrees of extension, 20 degrees of left lateral bending, and 30 degrees of right lateral bending. Prior therapy included medications, aquatic therapy, home exercise, moist heat, and Terocin patches. The diagnoses were lumbar sprain/strain, lumbar radiculopathy, and rule out disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): page(s) 22.

Decision rationale: The request for 12 sessions of aquatic therapy is not medically necessary. The California MTUS recommends aquatic therapy as an optional form of exercise. Aquatic therapy minimizes the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines allow for up to 10 visits of aquatic therapy for up to 4 weeks. The amount of aquatic therapy visits that the injured worker has already completed was not provided. Additionally, the documentation does not indicate that the injured worker is recommended for reduced weight bearing. The provider's request does not indicate the frequency of the aquatic therapy in the request as submitted. As such, the request is not medically necessary.