

Case Number:	CM14-0032050		
Date Assigned:	06/20/2014	Date of Injury:	01/08/2010
Decision Date:	07/21/2014	UR Denial Date:	02/18/2014
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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar spine surgery; 40 sessions of chiropractic manipulative therapy, per the claims administrator; at least 6 sessions of acupuncture; 30 sessions of physical therapy, per the claims administrator; a cane; and work hardening. In a utilization review report dated February 18, 2014, the claims administrator denied a request for 8 sessions of aquatic therapy. The applicant's attorney subsequently appealed. It appears that the aquatic therapy in question was requested via a handwritten progress note dated February 7, 2014, sparse, difficult to file, not entirely legible. The applicant was described as having primary complaints of bilateral hand pain with right leg pain. The applicant was reportedly intolerant to cold weather. The applicant was 14 months status post earlier lumbar fusion, it was stated, and was reportedly severely depressed. Aquatic therapy, MRI imaging of the cervical spine, electrodiagnostic testing of the upper extremities, and a rheumatology consultation were sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

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

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does note that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, as, for example, in severely obese applicants, in this case, however, there was no mention of any issues with gait derangement or any medical conditions for which reduced weightbearing was desirable. The applicant's gait was not described or characterized on the progress note in which aquatic therapy was requested. There was likewise no mention of extreme obesity, severe knee degenerative joint disease, or other condition which would make reduced weightbearing desirable. Therefore, the request is not medically necessary.