

<b>Case Number:</b>	CM14-0035025		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Nevada. 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 49-year-old female who was reportedly injured on October 18, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 27, 2014, indicated that the injured employee was following up for a blood pressure check. No particular physical examination was performed, and losartan was prescribed. Diagnostic imaging studies reported a grade one retrolisthesis of C3 on C4 and a small disc protrusion at C5-C6. A lumbar spine magnetic resonance image noted a disc protrusion at L3-L4, L4-L5 and L5-S1, as well as facet hypertrophy at the same levels. Previous treatment included facet joint injections. A request had been made for aquatic therapy for the neck, back, and left shoulder as well as a supervised weight loss program and was not medically necessary in the pre-authorization process on March 7, 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 4 Lumbar, Back, Neck, Left Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar and thoracic, Aquatic therapy, updated July 3, 2014.

**Decision rationale:** The medical record did indicate that the injured employee has previously participated in aquatic therapy and has responded well with these prior treatments. However, there was no documentation as to how many treatments the injured employee has participated in or objective goals reached with these therapies. Additionally, it was not stated how aquatic therapy was intended to benefit nonweightbearing regions such as the neck and shoulder. This request for aquatic therapy for the lumbar spine, neck, and left shoulder is, therefore, not medically necessary.

**Supervised Weight Loss Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: "Meta-Analysis of the Efficacy of Weight Loss Programs," Tsai and Wilson.

**Decision rationale:** This request for a supervised weight loss program is not a medical necessity. Weight loss is a lifestyle issue relating to dietary issues and exercise. This request for a supervised weight loss program is, therefore, not medically necessary.