

Case Number:	CM14-0037648		
Date Assigned:	06/25/2014	Date of Injury:	06/21/2011
Decision Date:	08/14/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/28/2014

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 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 records presented for review indicate that this 51-year-old male was reportedly injured on June 21, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 17, 2014, indicated that there were ongoing complaints of low back pain and left shoulder pain. The physical examination demonstrated a slight decrease in lumbar spine range of motion, tenderness to palpation and positive seated straight leg raise. Motor function was reportedly 4/5. Diagnostic imaging studies objectified of the hand were noted to be normal, and the ankle assessment was also noncontributory. The lumbar magnetic resonance imaging (MRI) noted multiple level degenerative changes. Previous treatment included multiple medications and physical therapy. A request had been made for aquatic therapy and was not certified in the pre-authorization process on February 27, 2014. A urine toxicology review was completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 22 of 127 Page(s): 22 OF 127.

Decision rationale: When noting the date of injury, the injury sustained, the findings on enhanced imaging studies and the lack of any clinical information relative as to why aquatic therapy is needed relative to land-based therapy, there is insufficient clinical data presented to support this request. The medical necessity of aquatic therapy would require some extraneous situation, and none were noted. Therefore, the request is not medically necessary, based on the clinical information presented for review.