

Case Number:	CM14-0049041		
Date Assigned:	06/25/2014	Date of Injury:	02/13/2006
Decision Date:	08/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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 50 year-old individual who was reportedly injured on February 13, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 4, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion, motor function is 4/5 and a slight sensory loss is noted. Diagnostic imaging studies were not reviewed. Previous treatment includes quite therapy, multiple medications, and injections. A request was made for 18 water therapy sessions and was not certified in the pre-authorization process on March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 water group therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Therapy: Low Back, Lumbar and Thoracic (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (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 multiple sessions (greater than 30) of aquatic therapy order completed and taking to account the current physical

examination, there is insufficient clinical evidence presented to support the need for additional aquatic therapy. Furthermore, there is no narrative presented why aquatic therapy as opposed to land-based therapy is clinically indicated. Therefore, the request is not medical necessary.