MAXIMUS Federal Services

Case Number:	CM14-0051183		
Date Assigned:	07/07/2014	Date of Injury:	09/21/2009
Decision Date:	08/14/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 39-year-old male who reported an injury on 09/01/2009, due to an unknown mechanism of injury. The injured worker complained of pain to his lower back that radiated to his lower extremities. He described the pain as aching, shooting, and burning. The injured worker continued to fall due to intense pain and bilateral extremity numbness. He rated his pain 8/10. On 03/05/2014, the physical examination revealed that the injured worker could only walk up to 15 minutes before having to stop due to pain. The injured worker had a non-antalgic gait with ability for heel and toe raise. The injured worker's diagnostic studies included x-rays, MRI of the lumbosacral, and an EMG. The injured worker had diagnoses of lumbago, post-traumatic headache, thoracic or lumbosacral neuritis or radiculitis, and depression disorder. The injured worker's past treatment included medication therapy. The injured worker stated he was interested in pursuing physical therapy in order to regain some strength in his lower body. A list of the current medications was not submitted for review. The physician was requesting pool therapy so the injured worker can try and regain muscle strength to help support his painful lumbar spine. The Request for Authorization Form was dated 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy three times a week for six weeks for the low back and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The injured worker has a history of low back pain that radiated to the lower extremities. The CAMTUS guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. The guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis, unspecified. There is no documentation or rationale provided that would indicate why the injured worker needed aquatic therapy versus land-based therapy. There is no documentation indicating the injured worker required reduced weightbearing. Within the provided documentation the requesting physician did not provide a recent complete assessment of the injured worker objective functional condition in order to demonstrate deficits for which therapy would be indicated. In addition, the request for 18 visits exceed the guideline recommendations. Given the above, the request for active therapy 3 times a week for 6 weeks for the low back and left knee is not medically necessary and appropriate.