

Case Number:	CM14-0065549		
Date Assigned:	07/11/2014	Date of Injury:	10/01/2007
Decision Date:	09/16/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 injured worker is a 57-year-old female who reported an injury on 10/09/2007 due to an unspecified mechanism of injury. On 04/08/2014, she reported pain rated at a 6/10. A physical examination revealed normal reflexes, an antalgic gait, and decreased lumbar spine range of motion with tenderness to palpation of the lumbar spine. It was noted that she was taking medications without side effects, using a TENS unit twice a day, and a home exercise program. She was diagnosed with a lumbar sprain/strain, a post laminectomy syndrome of lumbar, and chronic pain. The treatment plan was for aquatic therapy. The Request for Authorization form was signed on 04/08/2014. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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

Decision rationale: The request for aquatic therapy is not medically necessary. The PR2 dated 04/08/2014 showed that the injured worker was utilizing a TENS unit and performing a home

exercise program. She rated her pain at a 6/10 and had decreased lumbar spine range of motion. The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. Based on the clinical information submitted for review, the injured worker was not noted to have a condition in which reduced weight bearing would be desirable. In addition, the request for aquatic therapy rather than physical therapy is unclear as it does not appear the injured worker was unable to attend physical therapy. The request is not supported by the evidence based guidelines as there is no evidence or a clear rationale for its indications. As such, the request is not medically necessary.