

Case Number:	CM14-0066210		
Date Assigned:	07/11/2014	Date of Injury:	06/17/2006
Decision Date:	09/17/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Patient care and is licensed to practice in Illinois. 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 61-year-old female who reported an injury on 06/17/2006. The mechanism of injury is not noted within the. Her diagnoses were noted to be pain in the thoracic, paraparesis, herniated nucleus pulposus at L5 and C5 and spasticity. Surgical history was noted to be fusion with rods and screws at T5-7 in 10/2007. A physician's progress report notes the injured worker with subjective complaints of pain in the sacral area with spasms. The objective physical examination noted the injured worker with limited flexion, extension, lateral rotation in flexion. There was pain in the lumbosacral area with pulling to the right leg. The injured worker was unable to tell precisely where it went; however, there were positive spasms again with straight leg raise. Extension was more uncomfortable than flexion. She had an MRI showing stenosis at T4-7 mostly at T6. There was herniated nucleus pulposus with stenosis above the T5 level with L4-5 herniated nucleus pulposus to the right with mass effect L5, plus mild spinal stenosis at L4-5. The treatment plan is for rehab or physical therapy for back/balance gait issues. The provider's rationale was not noted with the documentation for review. A Request for Authorization form was not noted within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy(lower extremities, core strengthening) 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Tomas-Carus , 2007.

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

Decision rationale: The request for aquatic therapy (lower extremities, core strengthening) 2 times 6 is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The injured worker had previous aquatic therapy. It is not noted that provided efficacy. The documentation provided does not support the injured worker with obesity or a reason for reduced weight bearing therapy. The number of visits requested is in excess of the guidelines. Therefore, the request for aquatic therapy (lower extremities, core strengthening) 2 times 6 is not medically necessary.