

Case Number:	CM14-0074800		
Date Assigned:	07/16/2014	Date of Injury:	06/24/2001
Decision Date:	08/28/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/22/2014

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 52 year-old female who was reportedly injured on August 24, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 16, 2014 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated an obese individual with tenderness over the low back and buttocks, a decrease in lumbar spine range of motion, and decreased deep to reflexes at the knees and ankles. Diagnostic imaging studies were not reviewed. Previous treatment includes multiple medications, multiple sessions of physical therapy, and other pain management interventions. A request was made for aquatic therapy and was not certified in the pre-authorization process on April 29, 2014. A partial certification of this request is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy visits QTY 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

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

Decision rationale: When noting the date of injury, the injury sustained, the findings noted on physical examination and the metaphysical therapy order completed (tempered by the partial certification noted) there is no clinical indication why complete transition to a home exercise protocol could not be done to address the current pain complaints. Therefore, when noting the

parameters outlined in the California Medical Treatment utilization schedule that such a former therapy is optional, there is no clear evidence presented the medical necessity of this type of intervention.