

Case Number:	CM14-0077534		
Date Assigned:	07/18/2014	Date of Injury:	08/23/2011
Decision Date:	08/15/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 61-year-old female who reported an injury on 08/23/2011. The mechanism of injury was not provided. On 05/22/2014, the injured worker presented with persistent low back pain, and neck pain. Upon examination there were spasms noted to the lumbar paraspinal muscles, and stiffness noted in the lumbar spine. There was also tenderness noted in the lumbar facet joints and in the bilateral posterior superior iliac spine which is worse on the left side. Sensory is normal to light touch in the bilateral lower extremities with strength 5 out of 5 in the bilateral lower extremities. The diagnoses were, chronic neck pain, cervical degenerative disc disease, possibility of cervical radiculopathy, chronic low back pain, left sacroilitis, and left hip pain. Prior therapy included physical therapy, acupuncture, and medications. The provider recommended aquatic physical therapy 8 to 12 sessions for the lower back. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy, eight (8) - twelve (12) sessions for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 448, Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy. Aquatic therapy can minimize effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The guidelines recommend 10 visits of aquatic therapy sessions for up to 4 weeks. The included medical documentation does not indicate that the injured worker is specifically recommended for reduced weight bearing exercises. Additionally, the injured worker had previous physical therapy visits and the efficacy of the prior therapy was not provided. The provider's recommendation for 8 to 12 additional physical therapy visits exceeds the guideline recommendation. As such, the request is not medically necessary.