

Case Number:	CM14-0088378		
Date Assigned:	07/23/2014	Date of Injury:	10/04/2010
Decision Date:	09/25/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 records, presented for review, indicate that this 57-year-old individual was reportedly injured on October 4, 2010. The mechanism of injury was noted as a motor vehicle collision. The most recent progress note, dated April 9, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation, decrease in deep tendon reflexes at the hamstring, with normal lower extremity motor strength. Sensation was decreased in the L5 dermatome. Diagnostic imaging studies objectified multiple level degenerative changes. Previous treatment included aquatic therapy, injection therapy, lumbar surgery, and multiple medications. A request had been made for aquatic therapy and was not certified in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, aquatic Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 OF 127.

Decision rationale: The records reflect that a previous request for aquatic therapy was approved in a modified fashion. There are no progress notes indicating the efficacy of the metaphysical therapy completed. Therefore, when noting the parameters outlined in the MTUS, that this is an optional form of exercise therapy, and that efficacy needs to be established before continuing the protocol, there is insufficient clinical information presented to support this request. This is not medically necessary.