

Case Number:	CM14-0092366		
Date Assigned:	07/25/2014	Date of Injury:	10/12/2007
Decision Date:	09/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/18/2014

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 66-year-old female was reportedly injured on October 12, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 7, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation of the paravertebral musculature and spasm. Sensory and motor functions were intact. Diagnostic imaging studies objectified degenerative changes, osteophytes, and endplate sclerosis. Previous treatment included total knee arthroplasty, multiple medications and physical therapy. A request had been made for aquatic therapy and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six months heated pool program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym memberships.

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

Decision rationale: As outlined in the MTUS, aquatic therapy is recommended as an optional form of exercise therapy. However, there is no clinical indication presented why more traditional land-based therapies cannot be completed. Therefore, based on the limited clinical information presented for review, the medical necessity of such an aquatic intervention is not established.