

Case Number:	CM13-0051653		
Date Assigned:	12/27/2013	Date of Injury:	10/05/1999
Decision Date:	03/17/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/14/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 53 year old female who suffered a work related injury on 10/15/99. Per the physician notes from 10/10/13, she complains of low back pain that radiates to her feet. She also complains of neck pain that radiates to her hands. The treatment plan consists of continued aqua therapy, urine drug testing, and continued medications including pantoprazole, Lyrica, triamcinolone cream, senocot, and Norco. On 10/25/13, the Claims Administrator non-certified the aqua therapy, citing ACOEM guidelines, the non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 22.

Decision rationale: Per the guidelines, aquatherapy is in question for this injured worker for chronic pain. Aquatic therapy is recommended 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, as in extreme obesity. In this case, the records do not justify why additional aquatherapy is indicated over a course of land based therapy and the aquatherapy is therefore not medically substantiated.