

Case Number:	CM14-0007425		
Date Assigned:	02/07/2014	Date of Injury:	09/29/1993
Decision Date:	05/12/2015	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 sustained an industrial injury as a vehicle recovery employee when using a car jack injured her back on September 29, 1993. The injured worker underwent L4-L5 and L5-S1 anterior interbody fusion on November 11, 2013 for internal disruption of disc with collapse followed by physical therapy. The injured worker had no previous surgeries to the back except for past epidural steroid injections (ESI). No current medications were listed. The patient is continuing with physical therapy and home exercise program. The treating physician requested authorization for Aqua Therapy 2-3 times a week for 4 weeks. On January 6, 2014 the Utilization Review denied certification for Aqua Therapy 2-3 times a week for 4 weeks. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY: AQUA THERAPY 2-3 TIMES A WEEK TIMES FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Aquatic Therapy Page(s): 22.

Decision rationale: This 52 year old female has complained of low back pain since date of injury 9/29/93. She has been treated with epidural steroid injections, lumbar spine surgery, physical therapy and medications. As stated on page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy, when reduced weight bearing is indicated, such as with extreme obesity. In this case, the medical records reviewed did not indicate the height and weight of the patient; hence, Body Mass Index (BMI) cannot be derived. In addition, there's no documentation that the patient cannot tolerate land-based physical therapy. Therefore, the request for aqua therapy 2-3 times a week times four weeks was not medically necessary.