

Case Number:	CM14-0190785		
Date Assigned:	11/24/2014	Date of Injury:	12/05/2012
Decision Date:	05/01/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 54-year-old female, who sustained an industrial injury on 12/5/2012. The current diagnosis is lumbago. According to the progress report dated 10/9/2014, the injured worker complains of constant, sharp pain in the low back with radiation into the bilateral lower extremities. The pain is rated 9/10 on a subjective pain scale. The current medication list was not available for review. Treatment to date has included medication management and MRI of the lumbar spine. The plan of care includes 8 aquatic therapy sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 2XWK X 4WKS, LUMBAR SPINE 97001: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

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

Decision rationale: The request is considered not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical

therapy when reduced weight bearing is desirable. There is no documentation that the patient has physical findings requiring an alternative to land-based therapy. The patient is weight-bearing and able to ambulate with a cane. There is no documentation that the patient had failed land-based therapy. She should have been recommended to do home muscle-stretching exercises and at this point, the patient should be able to perform home exercises. Therefore, aquatic therapy is not medically necessary at this time.