

Case Number:	CM14-0193253		
Date Assigned:	12/01/2014	Date of Injury:	11/03/2013
Decision Date:	01/13/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/18/2014

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 American Board of Internal Medicine and is licensed to practice in California. 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:

Pursuant to the handwritten Primary Treating Physician's Progress Report (PR-2) dated October 15, 2014, the IW complains of lumbar spine constant pain rated 5/10 to the bilateral lower extremities with weakness. Objective physical examination reveals lumbar spine range of motion: Flexion is 60 degrees, extension 25 degrees, left lateral bending is 20 degrees, and right lateral bending is 20 degrees. Further objective findings are illegible. The IW has been diagnosed with dorsolumbar sprain/strain, and rule out herniated nucleus pulposus with possible radiculopathy to left lower extremity. The provider is requesting another 12 sessions of aquatic therapy, continue acupuncture, continue use of back brace, and refills for Tramadol, Prilosec, Ibuprofen, Naproxen, and Menthoderm. Documentation in the medical records indicates that the IW has previously completed 12 session of aquatic therapy. Of note, an authorization certification for 6 sessions of physical therapy to the lumbar spine was approved on November 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy is not medically necessary. Aquatic therapy is recommended as an optional form of 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 reducing weight bearing is desirable. In this case, the injured worker had working diagnoses of dorsal lumbar sprain/strain and a rule out herniated disc with possible radiculopathy to the left lower extremity. The injured worker completed 12 aquatic therapy sessions to date. There is no clinical documentation in the medical record that indicates there was objective functional improvement associated with aquatic therapy. Notably on November 20 of 2014, an additional six physical therapy visits were authorized to the lumbar spine. In addition to the six physical therapy visits to the lumbar spine, the treating physician is now requesting 12 additional aquatic therapy sessions (over and above the six that were authorized November 2014). There is no clinical rationale in the medical record to support an additional 12 aquatic therapy sessions or physical therapy that requires reduced weight bearing. Consequently, aquatic therapy is not medically necessary.