

Case Number:	CM14-0199108		
Date Assigned:	12/09/2014	Date of Injury:	11/08/2012
Decision Date:	01/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, Acupuncture 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:

38y/o male injured worker with date of injury 11/8/12 with related low back pain. Per progress report dated 10/24/14, the injured worker noted stiffness that made it difficult to get out of bed, and difficulty sleeping at times. Per physical exam, there was lumbosacral tenderness on the left side, decreased range of motion, decreased sensation to the toes of the left foot. Treatment to date has included surgery, physical therapy, and medication management. The date of UR decision was 11/14/14.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: Per the MTUS guidelines with regard to aquatic therapy: 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, for example extreme

obesity. The documentation submitted for review indicates that the injured worker has already been treated with 8 sessions of physical therapy. It was not specified whether this was land based. There was no documentation of the efficacy of this treatment, and there was no rationale provided for why aquatic therapy was prescribed. The medical necessity of further physical therapy cannot be affirmed.