

Case Number:	CM14-0201707		
Date Assigned:	12/12/2014	Date of Injury:	04/10/2011
Decision Date:	01/28/2015	UR Denial Date:	11/09/2014
Priority:	Standard	Application Received:	12/02/2014

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 Occupational 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:

This individual is a 71 y/o male who developed increased spinal problems subsequent to a slip and fall on 4/11/11. He has a long history of low back problems with a T-11 thru S1 fusion due to kyphosis. After the slip and fall he has had cervical surgery with fusion plus additional lumbar surgery to address a spinal stenosis. He is diagnosed with a post laminectomy syndrome. He has complicating metabolic and cardiac problems and has had a left hip replacement and total right knee replacement. He has had extensive physical therapy with the last 8 sessions approved in August '14. A request to change the approved physical therapy to aquatic based therapy was made due to difficulty with land-based exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy sessions, qty: 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

Decision rationale: MTUS Guidelines support the use of aquatic based therapy when there is difficulty with land-based exercises. Difficulty with land-based activities is adequately documented to meet Guideline standards. This request appears to be a substitution of aquatic based therapy for the already approved 8 sessions of therapy. The request for 8 sessions of aquatic based therapy is medically necessary.