

Case Number:	CM14-0207223		
Date Assigned:	12/19/2014	Date of Injury:	03/16/2000
Decision Date:	02/17/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/10/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 16, 2000. In a Utilization Review Report dated November 6, 2014, the claims administrator denied a request for 16 sessions of aquatic therapy. The claims administrator referenced a progress note of October 10, 2014, in its determination, but did not summarize the same. The applicant's gait was not detailed or described. The applicant's attorney subsequently appealed. In a July 18, 2014 progress note, the applicant reported persistent complaints of low back pain, bilateral hip pain, and neck pain. Six sessions of physical therapy were endorsed, along with diathermy and electrical muscle stimulation. The applicant's work status was not clearly detailed. The applicant's gait was not described or characterized on this occasion. The remainder of the file was surveyed. No other progress notes or Utilization Review Reports were on file, which summarized or characterized the applicant's gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy 2 x 8 to Back: 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 Anti-inflammatory Medications Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, in this case, however, the applicant's gait and/or weightbearing status were not clearly described or characterized on any of the progress notes provided. It was not clearly stated why, how, and/or if reduced weightbearing was desirable here. Therefore, the request is not medically necessary.