

Case Number:	CM15-0009553		
Date Assigned:	01/27/2015	Date of Injury:	07/23/2002
Decision Date:	03/24/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/16/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female who reported an injury on 07/23/2012 due to an unspecified mechanism of injury. On 12/19/2014, she presented for a followup evaluation. She stated that she was frustrated and that her pain was not under control with tramadol or tramadol ER. She stated that she was trying to perform her own home exercise program and was requesting aqua therapy. A physical examination showed painful gait and lumbar and cervical spine range of motion was painful. She was diagnosed with status post C5-7 cervical fusion with residuals, lumbar spondylosis, hepatitis C, history of prior narcotic dependency, chronic wide spread pain disorder, hypertension, and left carpal tunnel syndrome. Her medications included Azor, Prevacid, Imitrex, Prozac, Mobic, baclofen, Ultram, and Ultram ER. The treatment plan was for 8 pool therapy sessions for the lumbar spine. The rationale for treatment was to attempt to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy for 8 sessions for the lumbar spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend aqua therapy when reduced weight bearing is desirable. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing that she has any significant functional deficits to support the request for aqua therapy. Also, there is a lack of documentation stating a clear rationale for the medical necessity for aquatic therapy rather than land based therapy. It was not noted that the injured worker had a condition where reduced weight bearing would be desirable. Therefore, the request is not supported. As such, the request is not medically necessary.