

Case Number:	CM15-0012986		
Date Assigned:	01/30/2015	Date of Injury:	02/22/2014
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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 64-year-old female who reported an injury on 02/22/2014. The injury reportedly occurred when she was transferring a patient from the toilet to a wheelchair. Her diagnoses included thoracic sprain/strain, lumbar sprain/strain, thoracic degenerative disc disease, and lumbar degenerative disc disease. Her past treatments have included physical therapy, chiropractic treatment, acupuncture, and medications. On 12/18/2014, the injured worker's symptoms were noted to include pain in the thoracic and lumbar spine, rated 6/10 to 8/10. She also reported radiating symptoms on the right leg with numbness in the L5 distribution. Physical examination revealed decreased range of motion throughout the lumbar spine in all planes and decreased motor strength throughout the lower extremities. A recommendation was made for aquatic therapy to improve range of motion, function, and core muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial aquatic therapy 2 x 6 for lumbar spine: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, aquatic therapy is recommended as an optional form of exercise therapy and an alternative to land base physical therapy when reduced weightbearing is desirable. The clinical information submitted for review indicated that the injured worker had functional deficits related to the lumbar spine. Therefore, physical therapy would be supported. However, the documentation did not specifically indicate why aquatic therapy would be preferred over land based physical therapy to address these functional deficits. In addition, the request for visits 2 times a week for 6 weeks would exceed the guidelines recommendation for a total of 10 physical therapy visits for chronic pain. For these reasons, the request is not medically necessary.