

Case Number:	CM15-0185207		
Date Assigned:	09/25/2015	Date of Injury:	10/16/2002
Decision Date:	11/19/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania, Ohio, California
 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:

This is a 54 year old female with a date of injury on 10-16-2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain-strain with right lower extremity radiculopathy and bilateral hip sprain-strain. Medical records (4-7-2015 to 6-2-2015) indicate ongoing low back pain with left lower extremity radicular symptoms. She reported difficulty walking and standing due to pain. Per the progress report dated 5-6-2015, she was unable to complete aquatic therapy due to transportation issues. The progress reports were hand written and difficult to decipher. The physical exam (5-6-2015) revealed tenderness to palpation of the lumbar spine with guarding and spasm. Straight leg raise was positive. Treatment has included lumbar spine surgery, aquatic therapy and medications (Norco). The original Utilization Review (UR) (8-21-2015) denied a request for pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 3x4 start date 8/7/15: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.