

Case Number:	CM15-0022659		
Date Assigned:	02/12/2015	Date of Injury:	02/03/1992
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 68-year-old male who reported an injury on 02/03/1992 due to an unspecified mechanism of injury. On 01/15/2015, he presented for a follow-up evaluation regarding his work related injury. It was noted that he was 17 months status post decompression and fusion at the L3-4 and was having flare-ups of his low back pain and left leg pain 2 weeks prior to the visit. A physical examination showed moderate tenderness to the right lower lumbar region and postural attitude was slightly forward flexed. His range of motion was improving and sensation, motor, and reflex examinations were unchanged. He continued to use a cane for ambulation. He was diagnosed with arthrodesis, degeneration of the intervertebral discs. The treatment plan was for aquatic therapy 8 visits to the lumbar spine to treat his recent flare-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 8 visits to 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 indicate that aquatic therapy is recommended as an alternative to land based physical therapy when there is documentation specifically recommending that reduced weight bearing is desirable. The documentation provided does not indicate that the injured worker has a condition where reduced weight bearing is desirable. Also, a clear rationale was not provided for the medical necessity of aquatic therapy rather than physical therapy, as it does not appear that the injured worker is unable to perform land based physical therapy. Also, there is a lack of documentation showing that he has any significant functional deficits to support the request. Therefore, the request is not supported. As such, the request is not medically necessary.