

Case Number:	CM15-0025203		
Date Assigned:	02/17/2015	Date of Injury:	02/19/1996
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 67 year old male with an industrial injury dated 08/11/2004 when he fell down a flight of stairs injuring his right foot and ankle. On 05/15/2014 he presented with back pain. He reported acupuncture and aquatic therapy had been very helpful. Physical exam revealed range of motion of the lumbar spine was limited. The injured worker was able to forward flex to approximately 45 degrees and extend to 10 degrees before experiencing low back pain. The provider notes the injured worker has pronounced physical deconditioning with advanced disc disease of his back. "There is no indication of surgical repair in my medical opinion. We are simply left with proper medications, recommendation to have pool and gym access." A second request for authorization was submitted on 12/02/2014. Prior treatments include physical therapy, diagnostics, acupuncture, foot surgery and medications. Diagnosis included: Arthritis of facet joints at multiple vertebral levels. Degeneration of lumbar or lumbosacral intervertebral disc. Sciatica. Sprain of ligaments of lumbar spine. On 01/23/2015 utilization review issued a decision of non-certification for 12 month pool access. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Month pool access: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute and Chronic), Gym memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 22.

Decision rationale: According to the MTUS aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. The recommendations on the number of supervised visits are equivalent with the number of visits with physical medicine. In this case the documentation doesn't support that the patient cannot participate in a land-based PT program. Furthermore, the recommendation according to MTUS is for a tapering number of treatments and the current request is for 12 months without a specific number.