MAXIMUS Federal Services

Case Number:	CM15-0026141		
Date Assigned:	03/18/2015	Date of Injury:	08/26/2013
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/11/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 26, 2013. In a utilization review report dated January 27, 2015, the claims administrator failed to approve a request for aquatic therapy for the lumbar spine. The claims administrator referenced an RFA form received on January 2, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated December 19, 2014, the applicant presented with multifocal complaints of neck pain, mid back pain, low back pain, and shoulder pain. Extracorporeal shockwave therapy, physical therapy, manipulative therapy, functional capacity testing, acupuncture, podiatry consultation, orthotics, a pain management consultation, and 12 sessions of aquatic therapy were proposed while the applicant was kept off of work, on total temporary disability. An interferential stimulator was also prescribed and/or dispensed. The note was very difficult to follow. The applicant's gait was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy (12-sessions for the lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, it does not appear that reduced weight bearing was, in fact, desirable. The applicant's gait and ambulatory status were not described on the December 19, 2014 progress note on which the request was initiated. Therefore, the request was not medically necessary.