

Case Number:	CM15-0029828		
Date Assigned:	02/20/2015	Date of Injury:	06/08/2009
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/13/2015

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

Certification(s)/Specialty: Family Practice

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 59-year-old female, who sustained an industrial injury on 6/8/2009. She reports low back pain, left shoulder pain and left elbow pain. An agreed medical evaluation dated 9/30/13 noted that the injured worker is morbidly obese diagnoses include lumbar degenerative disc disease with posterior disc protrusions and left shoulder pain. Treatments to date include physical therapy, acupuncture and medication management. A progress note from the treating provider dated 1/19/2015 indicates the injured worker reported low back pain. Aquatic therapy was requested as it was beneficial in the past. On 2/9/2015, Utilization Review non-certified the request for 4-6 sessions of aquatic therapy, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-6 sessions of Aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine.

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

Decision rationale: According to the MTUS guidelines, 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, for example extreme obesity. In this case, the injured worker is noted to be morbidly obese. A request has been submitted for aquatic therapy noting that the injured worker has benefited from prior aquatic therapy sessions. However, the medical records do not establish evidence of specific objective functional improvement from past aquatic therapy sessions to support additional sessions. The request for 4-6 sessions of Aquatic therapy is not medically necessary.