

Case Number:	CM15-0036379		
Date Assigned:	03/04/2015	Date of Injury:	11/19/1999
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/26/2015

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:

The injured worker is a 60 year old male with an industrial injury dated 11/19/1999. Diagnoses includes cervical disc degeneration and protrusion, failed low back syndrome, status post lumbar interbody fusion, right shoulder impingement syndrome, strain related hemorrhoids, and left knee strain. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative measures, medications, and surgery. A progress note dated 01/14/2015, reports lower back pain with radiation to the bilateral lower extremities. The objective examination revealed restricted range of motion in the lumbar spine with noted tightness and spasms on palpation of the lumbar paraspinal musculature. The treating physician is requesting aquatic therapy which was denied by the utilization review. On 01/30/2015, Utilization Review non-certified a request for aquatic therapy 2 times 6 for the lumbar spine, noting MTUS guidelines were cited. On 02/25/2015, the injured worker submitted an application for IMR for review of aquatic therapy 2 times 6 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy twice (2) a week for six (6) weeks for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 98-99, 22.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. These guidelines also support aquatic therapy as an optional means of treatment. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. Additionally the records do not provide a rationale for aquatic rather than land-based therapy at this time. This request is not medically necessary.