

Case Number:	CM15-0040493		
Date Assigned:	03/10/2015	Date of Injury:	12/19/2013
Decision Date:	04/21/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 54-year-old female, who sustained an industrial injury on 12/19/2013. She has reported a fall from a broken chair resulting in low back and buttock pain. The diagnoses have included enthesopathy of left hip and lumbar radiculopathy. Treatment to date has included medication therapy and physical therapy. Currently, the IW complains of back pain with restricted Range of Motion (ROM). Pain was improved with physical therapy and medications, and worsened with cold weather. The physical examination from 1/29/15, documented muscle spasm and tenderness in the paraspinal muscles, and reduced sensation in L5 distribution. There was tenderness noted over left greater trochanter. The plan of care included completing physical therapy, aquatic therapy for back pain, and medications as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2x3 for Low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

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

Decision rationale: According to the 01/29/2015 report, this patient presents with restricted range of motion in her neck and cold weather increases her pain. The current request is for aqua therapy 2x3 for low back so the patient "can strengthen her back with less pain." The request for authorization is not provided for review. The patient's work status is modified. Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example, extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgia and neuralgias. Review of the provided reports shows no therapy reports. The treating physician did not discuss why weight reduced exercise is desired, when there is no documentation of extreme obesity. There is no discussion as to why the patient cannot tolerate land-based therapy. Therefore, the current request is not medically necessary.