

Case Number:	CM15-0085388		
Date Assigned:	05/08/2015	Date of Injury:	10/28/2010
Decision Date:	06/18/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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, 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:

This is a 61-year-old female patient, who sustained an industrial injury on 10/28/10. The diagnoses have included cervical and lumbar sprain/strain rule out left lower extremity (LLE) radiculopathy, lumbar spine facet arthropathy, and left ankle sprain/strain. A doctor's note dated 4/3/15 was not fully legible. Per the physician progress note dated 4/3/15, she had complains of neck and back pain that worsens just trying to do her activities of daily living (ADL). The physical exam revealed cervical spine tenderness with hypertonicity. The lumbar spine exam revealed increased lordosis, tenderness with spasms and positive straight leg raise and Kemp's signs eliciting low back pain. The medications list includes BP medicines and OTC Tylenol. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided. The physician requested treatment included Aquatic Therapy 3 times weekly for 4 weeks to 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, 3 times weekly for 4 weeks, 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 Aquatic therapy, page(s) 22.

Decision rationale: Request Aquatic Therapy, 3 times weekly for 4 weeks, Lumbar spine. Per 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." Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Aquatic Therapy, 3 times weekly for 4 weeks, Lumbar spine is not fully established for this patient.