

Case Number:	CM14-0103833		
Date Assigned:	07/30/2014	Date of Injury:	04/20/2011
Decision Date:	10/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32-year-old female who reported an injury on 04/20/2011. The mechanism of injury is not provided. On 02/10/2014 the injured worker presented with pain in the lumbar spine with radicular pain and paresthesia in the right lower extremity through the calf. Upon examination of the lumbar spine there was positive tenderness to palpation at the L4-S1 regions, limited range of motion and mild spasm were noted. Decreased sensation noted in the right L3-4 distribution. There was positive, right greater than left, straight leg raise. The diagnoses were lumbar sprain/strain with MRI evidence of disc bulges at L4-5 and L5-S1 on 09/02/2011, slip and fall on 04/24/2012 nonindustrial, status post normal NCV/EMG of the bilateral lower extremities and overuse syndrome. Prior therapies were not provided. The provider recommended aquatic therapy 2 times a week for 4 weeks for the lumbar spine, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2 x 4 Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Jessica Vallejo Page(s): 22..

Decision rationale: The California MTUS recommend aquatic therapy as an optional form of exercise therapy where available as an alternative home based physical therapy. Aquatic therapy can minimize effects of gravity so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The guidelines recommend up to 10 visits of aquatic therapy for 4 weeks. There is lack of documentation that the injured worker is indicated for reduced weight bearing exercises. Furthermore, the number of aquatic therapy visits the injured worker underwent has not been provided. The request for Aquatic Therapy 2 x 4 Lumbar Spine is not medically necessary.