

Case Number:	CM14-0104993		
Date Assigned:	07/30/2014	Date of Injury:	07/07/2009
Decision Date:	10/10/2014	UR Denial Date:	06/04/2014
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 Family Medicine 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 53 year old male whose date of injury is 07/07/2009. The mechanism of injury is not described. Diagnosis is lumbar regional spinal stenosis. The most recent clinical documentation submitted for review is a soap note dated 05/21/14. The injured worker complains of chronic back pain. He is noted to be stable on his current regimen. He recently underwent revascularization with excellent results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy 2 times weekly for 6 weeks to the lumbar spine: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for aquatic physical therapy 2 times a week for 6 weeks to the lumbar spine is not recommended as medically necessary. There is no clear rationale provided as to why reduced weight bearing is desirable for this injured worker as required by the California MTUS guidelines to support aquatic therapy.

There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided in accordance with California MTUS guidelines. Therefore, this request is not medically necessary.