

Case Number:	CM14-0114861		
Date Assigned:	08/04/2014	Date of Injury:	11/25/2009
Decision Date:	10/20/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/22/2014

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 Nevada. 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 records presented for review indicate that this 61 year-old male was reportedly injured on 11/25/2009. The most recent progress note, dated 6/23/2014, indicates that there were ongoing complaints of low back pain, bilateral shoulder, and bilateral knee pain. The physical examination is handwritten and states lumbar spine midline tenderness to palpation. Positive straight leg raise. No recent diagnostic studies were available for review. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for aquatic therapy two times a week for the lumbar spine six weeks, total of 12 sessions, and was not certified in the pre-authorization process on 7/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times per week for 6 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy (Tomas-Carus, 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 of 127.

Decision rationale: MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is

recommended where reduced weight bearing is desirable. Review of the available medical records shows that the patient is currently participating in a land-based physical therapy program. Current records fail to document why the claimant is unable to continue in land-based physical therapy. As such, the request is not considered medically necessary.