

Case Number:	CM14-0129116		
Date Assigned:	08/18/2014	Date of Injury:	11/11/2010
Decision Date:	10/29/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 34-year-old female who reported an injury on 11/11/2010. The mechanism of injury was the injured worker caught a coworker who fell from a ladder. Prior treatments included physical therapy and postoperative aquatic therapy. The injured worker was utilizing a back brace and a cane. The injured worker's medications included pain medications and Celexa. The injured worker underwent x-rays of the lumbosacral spine. The injured worker had a spinal fusion surgery. The documentation of 05/23/2014 revealed the injured worker had constant pain in the lumbar spine. The objective findings revealed tenderness to the lumbosacral spine and decreased range of motion. The diagnoses included status post lumbar spine surgery x3. The treatment plan included continuation of pool therapy at the [REDACTED], pain medications, and a home exercise program. There was no rationale for the request. There was a Request for Authorization submitted for a continuation of aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation Of Aquatherapy For The Lumbar Spine (Frequency And Duration Unknown): Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend aquatic therapy when there is a necessity for reduced weight bearing. Additionally, the treatment for myalgia and myositis is up to 10 visits of physical medicine. The clinical documentation submitted for review indicated the injured worker had previously utilized aquatic therapy. There was a lack of documentation of the objective functional benefit that was received as well as the quantity of sessions. Land based and aquatic therapies are considered cumulatively, not separately, as forms of therapy. The request as submitted failed to indicate the frequency and duration for the requested treatment. There was a lack of documentation indicating a documented rationale for the request. There was a lack of documentation indicating the injured worker had a necessity for reduced weight bearing. Given the above, the request for continuation of aquatherapy for the lumbar spine (frequency and duration unknown) is not medically necessary.