

Case Number:	CM14-0144171		
Date Assigned:	09/12/2014	Date of Injury:	08/20/2002
Decision Date:	11/12/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 46 year old male who reported injury on 08/20/2002. The mechanism of injury was not specified. The diagnoses included lumbar disc herniation and status post microdiscectomy. Past treatments include surgery, medications and physical therapy. Diagnostic test included a drug screen on 08/21/2014 and no other test were provided. The injured worker is status post left L4-5 lumbar microdiscectomy. On 08/18/2014 the injured worker complained of having trouble sitting all day and to refer to a pain diagram that was not provided. The physical exam findings noted that his wounds were healed, he was moving well, back to motion but was restricted to 30 degrees with guarding. There were no medications provided. The treatment plan indicated to continue working a long with physical therapy and to add pool therapy. The rationale for the request and the request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Aquatic Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Low Back.

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

Decision rationale: The injured worker has a history of lumbar disc herniation and status post microdiscectomy. The California MTUS guidelines note aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to landbased 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. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks. The injured worker complained of having trouble sitting all day. There is a lack of documentation pertaining to the injured worker's prior physical therapy, including the number of sessions completed and the efficacy of the physical therapy. The documentation submitted failed to show a detailed pain assessment and an adequate assessment of the injured worker's condition which demonstrated the injured worker had significant objective functional deficits for which therapy would be indicated. The submitted request does not indicate the site at which the aquatic therapy is to be performed as well as the number of visits being requested. Therefore the request is supported. As such, the request for 12 aquatic therapy visits is not medically necessary.