

Case Number:	CM14-0148015		
Date Assigned:	09/18/2014	Date of Injury:	02/23/2009
Decision Date:	10/16/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational 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:

Patient is a 54 year-old female with date of injury 02/23/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/15/2014, lists subjective complaints as mid and low back pain. Patient is status post crushed coccyx surgery and removal (08/2011). Objective findings: Tenderness to palpation was noted throughout the entire spine, including thoracic, cervical, lumbar and sacral. The coccyx and sacrum were especially tender. Neurological exam revealed allodynia bilateral legs, diffuse bilateral decreased sensory L4-5 and S1 distribution. Diagnosis: 1. Lumbar disc disease 2. Thoracic strain 3. Lumbar radiculopathy 4. Coccyx fracture. Frequency, duration, and specific body part were not included in the request for water aerobic exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient water aerobics(Unknown frequency, duration and specific body part): 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 Page(s): 22, 58.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The patient may well be a candidate for aquatic therapy, but with no specified frequency, duration, or body part being treated, a recommendation to authorize aquatic therapy cannot be given. Aquatic therapy is not medically necessary.