

Case Number:	CM14-0148100		
Date Assigned:	09/18/2014	Date of Injury:	09/09/2012
Decision Date:	11/21/2014	UR Denial Date:	08/26/2014
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 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 underlying date of injury in this case is 9/9/2012. The date of the initial utilization review under appeal is 8/26/2014. On 8/6/2014, the patient was seen in occupational therapy follow-up with a post laminectomy syndrome and persistent axial pain and left greater than right leg pain. The treating orthopedic surgeon at that time recommended ongoing rehabilitation therapy including additional 8-12 sessions of land-based therapy and also aquatic therapy. Previously, on 6/4/2014, orthopedic surgery encouraged aquatic exercise and noted that the patient had a local pool and a friend with whom she would perform such aquatic therapy. The treating physician initially recommended aquatic therapy on 3/12/2014 and noted that the patient was performing aquatic therapy at that time in the local area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2xwk X 4wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines, low Back (updated 8/22/14) Physical Therapy (PT)

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

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines recommends aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. The medical records do not provide a rationale as to why this patient would require simultaneous land-based and aquatic therapy. Moreover, the medical records indicate that this patient previously transitioned to independent aquatic therapy; therefore, it is not clear why the patient would require additional supervised aquatic therapy. For these multiple reasons this request is not supported by the medical records and treatment guidelines. This request is not medically necessary.