

Case Number:	CM14-0148920		
Date Assigned:	09/18/2014	Date of Injury:	11/15/2011
Decision Date:	10/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/12/2014

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:

This 51 year old patient had a date of injury on 11/15/2011. The mechanism of injury was not noted. In a progress noted dated 8/27/2014, the patient says her back is getting stronger and has been able to tolerate some of her activities better. She has completed her physical therapy and has been doing a home exercise program. Her pattern of pain is unchanged and still has fluctuating low back, right buttock and posterior thigh pain and has more pain on some weeks and does better on other weeks. On a physical exam dated 8/27/2014, there is 75% flexion and 50% flexion of low back. There is right sciatic notch, and normal heel and toe walking. The diagnostic impression shows right L4/5 radiculitis, L3-4 right lateral protrusion, annular tear, and foraminal stenosis. Treatment to date: medication therapy, behavioral modification, physical therapy, [REDACTED] UR decision dated 9/8/2014 denied the request for 8 aquatic therapy sessions from 9/4/2014 and 10/19/2014, stating that the patient has completed physical therapy and is doing home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Chronic Pain Medical Treatment Guidelines (May 2009); Phy.

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

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In the progress report dated 8/27/2014, pool therapy was suggested by the physical therapist. However, no clear rationale was provided justifying the medical necessity of this request. Furthermore, this patient has already completed physical therapy, and there was no clear reason provided regarding why the transition into home exercise program was not sufficient. Therefore, the request for 8 aquatic therapy sessions was not medically necessary.