

Case Number:	CM14-0184663		
Date Assigned:	11/12/2014	Date of Injury:	01/15/2013
Decision Date:	12/30/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 52-year-old female with an original industrial injury on January 15, 2013. The mechanism of injury was a motor vehicle accident occurring in the parking lot. The industrially related diagnoses include lumbar degenerative disease, lumbar disc protrusion, lumbar radiculopathy, and chronic low back pain. Diagnostic workup to date has included an MRI of the lumbar spine on February 26, 2013 which showed multilevel degenerative disc disease with narrowing of both the L4 and L5 lateral recesses with impingement on the bilateral traversing L5 nerve roots. The disputed issue is a request for aquatic therapy. A utilization review determination on October 28, 2014 this request was non-certified. The stated rationale for this non-certification was that there was no "objective documentation supporting the length of physical therapy rendered for an injury that occurred in 2013 and associated response."

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy times 8 sessions, lumbar spine: Upheld

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

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

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. In fact, the patient does not meet criteria for "extreme obesity" and has documentation of a weight of 124 lbs. and height of 5'3" in a progress note dated 4/18/14. There has been documentation of 8 sessions of land-based physical therapy, but there has been no documentation of intolerance or why reduced weight bearing is desired. Therefore, this request is not medically necessary.