

Case Number:	CM14-0084141		
Date Assigned:	07/23/2014	Date of Injury:	01/03/2001
Decision Date:	09/24/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 68-year-old female was reportedly injured on January 3, 2001. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 4, 2014, indicated that there were ongoing complaints of chronic low back pain with lower extremity radicular symptoms. The physical examination demonstrated a hypertensive (132/92) individual with a pain level at 4/10. A decrease in lumbar spine range of motion was noted; associated with soft tissue muscle spasm and tenderness to palpation. Straight leg raising was reported to be negative. A decrease in deep tendon reflexes was also reported. Diagnostic imaging studies were not reported. Previous treatment included physical therapy, medications, and pain management interventions. A request had been made for physical therapy and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy visits for lumbar spine (Pool Therapy): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation ODG-Physical Therapy Guidelines.

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

Decision rationale: As outlined in the MTUS Guidelines, aquatic therapy is an optional form of exercise therapy and is an alternative to land-based physical therapy. The progress notes indicate the pain level was 4/10 and offers no clinical data to suggest that a comprehensive home exercise protocol emphasizing overall fitness, conditioning, achieving ideal body weight, as well as maximizing lumbar spine range of motion is unattainable. There is no documentation indicating the requirement for alternatives to traditional land-based therapy. As such, the request is not medically necessary.