

Case Number:	CM14-0098472		
Date Assigned:	07/28/2014	Date of Injury:	06/17/2007
Decision Date:	10/01/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 the injured worker is 54-year-old individual who was reportedly injured on 6/17/2007. The mechanism of injury was not listed. The most recent progress note, dated 6/4/2014, indicated that there were ongoing complaints of chronic low back pain that radiated in the left lower extremity. The physical examination demonstrated lumbar spine decreased sensation in the left elbow for distribution and decreased left quad strength and atrophy in the left quad muscle. Lumbar range of motion was with flexion 70. No recent diagnostic studies are available for review. Previous treatment included medications, surgery, and conservative treatment. A request had been made for pool therapy self-directed exercise and was not certified in the pre-authorization process on 6/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy-self directed exercise: Upheld

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

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

Decision rationale: MTUS supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review of the available medical records fails to document why the claimant is unable to participate in land-based physical therapy. As such, the request for pool therapy-self directed exercise is not medically necessary and appropriate.