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| Case Number: | CM15-0106051 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 07/28/2014 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male who sustained an industrial injury on July 28, 2014. He had a forklift injury. He has reported lower back pain and has been diagnosed with history of fall with injuries to his neck, back, chest, and groin. Treatment has included medical imaging, medications, and physical therapy. The cervical spine had muscle guarding with bilateral muscle spasm. There was a positive axial compression test. Range of motion was decreased in all planes. The lumbar spine had muscle spasm. There was tenderness to palpation. Straight leg raise was increased with negative radiculopathy. Hemps sign was positive and caused low back pain. The treatment plan included aquatic therapy and follow up. The treatment request included aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 x 4 for the cervical, lumbar, bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised land or aquatic therapy rather than independent rehabilitation. This request is not medically necessary.