

Case Number:	CM15-0124004		
Date Assigned:	07/08/2015	Date of Injury:	09/13/2012
Decision Date:	08/10/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/26/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 33 year-old female, who sustained an industrial injury on 9/13/2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include bilateral knee internal derangement, cervical spine multilevel disc protrusion with stenosis, lumbar spine disc bulges with radiculopathy, myospasm, and mood disorder due to chronic pain; status post lumbar decompressions and fusion. Treatments to date include medication therapy, physical therapy, and acupuncture treatments. Currently, she complained of ongoing low back pain rated 8/10 VAS. Prior acupuncture treatment and aqua therapy were noted to be helpful in improving pain and function. On 5/28/15, the physical examination documented tenderness and muscle spasms to trapezius and cervical muscles and lumbar paraspinal muscles. The plan of care included additional aquatic therapy sessions twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy for the lumbar spine, twice a week for six weeks: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines state that aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example in extreme obesity. MTUS Guidelines allow for 8-10 sessions for various myalgias/neuralgias. In this case, there is no documentation of extreme obesity or need for decreased weight bearing. The patient has had 18 previous aquatic therapy sessions with no change on his physical exam. In addition, the request for 12 sessions exceeds the recommended guidelines. Therefore, the request is deemed not medically necessary.