

Case Number:	CM15-0175936		
Date Assigned:	09/17/2015	Date of Injury:	01/31/2014
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 32-year-old who has filed a claim for chronic low back, ankle, and shoulder pain reportedly associated with an industrial injury of January 31, 2014. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for 8 sessions of aquatic therapy. The claims administrator referenced July 19, 2015 RFA form and a July 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 8, 2015, the applicant was placed off of work, on total temporary disability, while Prilosec, tramadol, and Norflex were renewed. Moderate-to-severe low back and shoulder pain complaints were reported, exacerbated by gripping, grasping, lifting, pinching, manipulating, sitting, standing, and/or walking. The claimant was asked to consult an orthopedist, podiatrist, and psychologist while remaining off of work. Little seeming discussion of medication efficacy transpired. The applicant's gait was not described or characterized. On April 29, 2015, the applicant was again placed off of work, on total temporary disability. Multifocal pain complaints were reported, including about the low back pain. Once again, the applicant was kept off of work. The applicant's gait was not clearly described or characterized. On August 10, 2015, the applicant was placed off of work, on total temporary disability, from a mental health perspective.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 aquatic therapy sessions, 2 times a week for 4 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: No, the request for 8 sessions of aquatic therapy for the lumbar spine is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicant in whom reduced weight bearing is desirable, here, however, it was not clearly established that reduced weight bearing was, in fact, desirable. The applicant's gait was not clearly described or characterized on multiple progress notes, referenced above, including those dated July 28, 2015, July 8, 2015, June 3, 2015, and/or April 29, 2015. It was not clearly stated or clearly established that reduced weight bearing was, in fact desirable here. Therefore, the request is not medically necessary.